WHAT HEALTH CARE SHOULD BE

TIME FOR BOLD SOLUTIONS
The Canadian Medical Association’s (CMA) 2023 Health Summit, held Aug. 17-18, followed a second summer of rolling emergency department closures, ongoing surgical backlogs and a continued crisis in access to primary care.

But as host Adrian Harewood, a former CBC broadcaster, told an audience of 700 participants, "governments are making big investments in the health system and are committed to making improvements. Real change will take time, but it is happening. And you can influence what that change will look like."

At sessions on "What Health Care Should Be," participants including physicians, medical learners and patients did just that. In line with the CMA’s ambitious Impact 2040 strategy, the conference looked forward to a more accessible, equitable and sustainable health system.

Keynote speakers, panelists and small-group breakouts explored issues including:

- Scaling team-based care
- Creating safer environments for providers and patients
- Reducing physicians’ administrative burden
- Reaching a net-zero emissions health system
- Challenging white supremacy and anti-Indigenous racism in health care
- Fighting health misinformation
- The balance of public and private care in Canada

Hosted virtually and at the Shaw Centre in Ottawa on the traditional territories of the Anishinaabe Algonquin Nation, the Health Summit is a Patients Included conference, ensuring people with lived experience are directly involved in planning the event as well as active participants.
SPEAKERS

Dr. Danièle Behn Smith
BC Deputy Provincial Health Officer, Indigenous Health

Dr. Jeff Blackmer
Chief Medical Officer and Executive Vice-President, Global Health, Canadian Medical Association (CMA)

Dr. Paula Cashin
Vice-chair, Board of Directors, Canadian Medical Association (CMA)

Dr. Chandi Chandrasena
Chief Medical Officer, OntarioMD

Elder Claudette Commanda
Chancellor, University of Ottawa

Timothy Caulfield
Professor of health law and policy, bestselling author

Jennifer Ditchburn
President and CEO, Institute for Research on Public Policy

Dr. Caroline Gérin-Lajoie
Executive Vice-President, Physician Wellness and Medical Culture, Canadian Medical Association (CMA)

Dr. Douglas A. (Gus) Grant
Registrar and CEO, College of Physicians & Surgeons of Nova Scotia

Adrian Harewood
Associate professor of journalism, Carleton University

Dr. Bonnie Henry
BC Provincial Health Officer

The Hon. Mark Holland
Federal Minister of Health

Dr. Ojistoh Horn
Board member, Canadian Association of Physicians for the Environment (CAPE)

Dr. Courtney Howard
Climate change and health researcher

Kate Jongbloed
Health researcher

Dr. Tara Kiran
Fidani Chair in Improvement and Innovation, University of Toronto

Shachi Kurl
President, Angus Reid Institute

Dr. Alica Lafontaine
President (2022–23), Canadian Medical Association (CMA)

Dr. Melissa Lem
President, Canadian Association of Physicians for the Environment (CAPE)

Robin McGee
Registered psychologist and patient partner
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<td><strong>The Hon. Catherine McKenna</strong></td>
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<td><strong>Carly Weeks</strong></td>
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<td><strong>Dr. Sarah Williams</strong></td>
<td>Strategic advisor, Indigenous health, Canadian Medical Association (CMA)</td>
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<td><strong>Dr. Stephan Williams</strong></td>
<td>Anesthesiologist, The University of Montreal Hospital Centre (CHUM)</td>
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CANADA HAS NEW HEALTH CARE AGREEMENTS: NOW WHAT?

The first session — preceded by blessings from Elder Claudette Commanda, an Algonquin Anishinabe from Kitigan Zibi Anishinabeg First Nation in Quebec — opened with a stark reality check on how Canadians see health care in Canada.

As Shachi Kurl, the president of the Angus Reid Institute (ARI), put it, “Our precious and treasured health care system is declining, and everyone can see it.

"Highlighting results from an August survey conducted by ARI in partnership with the CMA, Kurl said that only 26% of respondents consider the health system to be in excellent or very good condition — a 22-point drop from 2015.

The top priority identified by respondents, said Kurl, was something most Canadians have taken for granted: “They want ERs adequately staffed so they can always stay open. That’s it.”

In a discussion that followed, three CMA presidents — Dr. Kathleen Ross (2023-24), Dr. Alika Lafontaine (2022-23) and Dr. Katharine Smart (2021-22) — shared their perspectives on advocating for better care with moderator Jennifer Ditchburn, CEO and President of the Institute for Research on Public Policy.

They stressed the need to disrupt the status quo and hold leaders accountable for reform. "We have to keep pressing and asking where the plan is and where are the dollars going," said Dr. Smart.

Dr. Lafontaine underscored the value of health agreements "with strings attached." "The structure of funding is different, and that’s a really, really important lever that the federal government needs to lean into," he said.

Dr. Ross pointed to health data as a critical tool to ensure talk is translated into action: "We need to be able to say, ‘Yes, we said we were going to do this, and we actually did it.’"

Joining the panel, health reporters Carly Weeks, from The Globe and Mail, and Laura Osman, with The Canadian Press, talked about the challenge of keeping up momentum for reform through election cycles.

There’s always the danger, said Osman, of parties looking "to the politics as opposed to the policy." Added Weeks, it’s health providers, patients, and the public “pushing back on the election cycle, saying, ‘These are the things we want to see happen’” that will drive change.

OTHER KEY FINDINGS:

MORE THAN 80% of those surveyed feel both federal and provincial/territorial governments need to make health care a bigger priority.

Although 60% of respondents said new funding will help, 66% BELIEVE THAT MONEY ALONE WILL NOT FIX HEALTH CARE.
A dire shortage of health professionals has affected access across the continuum of care. Training more of them will help — eventually — but there are also ways to expand existing capacity.

At a side stage, Dr. Gus Grant, Registrar and CEO of the College of Physicians and Surgeons of Nova Scotia, talked about expanding physician licensure to allow greater mobility of practice. He detailed the evolution of the Atlantic Registry, which gives physicians with licenses in one province the capacity to work across the Maritimes. To date, he said, 170 physicians have joined.

Another key to better access is team-based primary care. In a session called “Scaling up team-based care,” Toronto-based researcher and family physician Dr. Tara Kiran shared insights from OurCare, a project engaging Canadians on how to build stronger, more equitable primary care. Among the findings: participants are overwhelmingly in favour of team-based care.

As Dr. Kiran explained, there are few primary care practices in Canada that include physicians as well as nurse practitioners, nurses, social workers, pharmacists and dieticians. But there is strong evidence to support the value of interprofessional team-based care — both for patients and health workers.

Dr. Kiran was joined by Teri Price, executive director of Greg’s Wings, an advocacy organization she co-founded after her brother Greg died in 2012 due to a series of communication failures in the health system.

Price talked about the clarity of roles, and leadership, in team-based care, and how this model facilitates better information sharing, more collaborative decision-making with patients and mutual support between patients, providers and caregivers.

“We believe safe care happens in teams,” she said.

“What’s Next

The CMA’s ongoing advocacy for pan-Canadian physician licensure is reflected in the 2023 federal-provincial health agreements, which call for multi-jurisdictional credential recognition for key health professionals.

In a recent report on health care indicators and targets, the CMA called on governments to deliver team-based care for 50% of Canadians within the next five years, and 80% of the population within the next 10.
According to the CMA’s latest National Physician Health Survey (NPHS), eight out of 10 respondents have experienced abuse at work — with 15% reporting weekly incidents.

At a side stage in advance of the third session at the Health Summit, Dr. Caroline Gérin-Lajoie, executive vice-president of Physician Wellness and Medical Culture at the CMA, talked about the need to integrate physical, psychological and cultural safety for the workforce.

"Each one alone is not sufficient," she said.

Speakers on stage for "Protecting the profession: What does it mean to feel fully safe?" expanded on this three-pronged approach to safety.

Sapna Mahajan, the director of research and innovation at Genome Canada, was part of the development of Canada’s first national standard for psychological health and safety in the workplace. She talked about the evolution in thinking about "safety on the job." But she noted that for many health care workers, the stigma around asking for help remains.

“There’s a very deep-rooted culture. And we need to work on fixing that.”

“We’re starting to have these brave conversations... but I think there’s still a lot of work to be done.”

– Dr. Franco Rizzuti
Dr. Franco Rizzuti, president of the Canadian Association of Physicians with Disabilities, called for change to what he described as an ableist medical culture, including structural barriers and technical standards for medical school admissions.

Dr. Philip Stack, director of health, safety and environment at the University of Alberta, works with leaders to help them understand the integration of physical, psychological and cultural safety. But he added: “We’re trying to get to a stage where everybody owns their safety performance.”

Dr. Nel Wieman, acting chief medical officer at First Nations Health Authority in British Columbia, acknowledged that conversations about psychological and cultural safety are difficult, particularly around racism in health care.

“I think in order to become safer, we need to, first of all, recognize that discomfort,” she said. “And unfortunately, many people have to kind of sit in that for a little while [to] be able to listen to the truths that we are trying to share with you.”

Following the speakers, Summit participants broke into small group discussions.

**WHAT’S NEXT**

The CMA hosts the 2023 Canadian Conference on Physician Health in Montreal.

Feedback from physicians, patients and other health workers is shaping the CMA’s development of a national framework for physical, psychological and cultural safety.
In advance of the session “Solutions that tackle administrative burden,” Dr. Jeff Blackmer, executive vice president for global health and chief medical officer at the CMA, gave a side stage presentation on the scope and impact of increased red tape in medicine.

According to the Canadian Federation of Independent Business (CFIB), he said, 38% of the 48 million hours physicians spend on administrative work annually is unnecessary. In the CMA’s 2021 physician health survey, said Dr. Blackmer, “75% of physicians say that administrative workload is impeding patient care.” Results also showed the strong association between admin burden and physician wellbeing.

At a panel that followed, Corrine Pohlmann, executive vice president of advocacy for CFIB, talked about raising awareness of physician admin burden — and challenging provincial governments to address it.

Dr. Nicole Stockley, director of external engagement at the College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL), is already working with her province to improve a key pain point for many physicians: Electronic Medical Records (EMRs).

“We can shape this technology to solve the problems that we need solved and not let that technology dictate how we’re going to practice and how health care is going to function.”

– Chandi Chandrasena, Ontario MD
“When it comes to EMRs there is no going back,” she said. But physicians can change how they’re used. As part of a collaborative program between the CPSNL and the government, called eDocs, a clinical advisory committee analyzes forms and templates, looks at pitfalls and creates new workflows.

Reducing admin burden is especially important in primary care, said panelist Dr. Chandi Chandrasena. The Chief Medical Officer at Ontario MD, a digital health subsidiary of the Ontario Medical Association, she said family physicians in the province spend one-and-a-half to two clinic days a week on administrative tasks.

Like Dr. Stockley, she emphasized the importance of engaging those who use administrative tools in fixing them. Physicians should also help evaluate new technology like AI, she said.

WHAT’S NEXT

The CMA, MD Management and Scotiabank have launched a new Healthcare Unburdened Grant, a $10-million fund for non-profit organizations making measurable reductions in administrative burden to support the medical profession and enhance physician wellness.

The Health Care Unburdened Grant program
HEALTH CARE SHOULD BE: INFORMED

Timothy Caulfield, a Canada Research Chair at the University of Alberta, a bestselling author and the co-founder of ScienceUpFirst, is the country’s leading debunker of health misinformation. Closing out the first day of the Health Summit, he talked about the rise of false health claims and how doctors can help fight them.

“Physicians are the most trusted voices so you can make a difference,” he said.

To start, Caulfield reviewed the explosion of health misinformation through the pandemic — including “treatments” for COVID-19 like drinking dog urine and the use of Ivermectin — thanks to platforms like X (formerly called Twitter) and Facebook.

“Social media has changed everything and study after study has shown that. It plays a dominant role in promoting health misinformation,” he said.

It has also intensified the politicization of health care, turning threads into ideological battlefields — and debunkers into collateral damage.

In her opening remarks for the session, CMA President-Elect Dr. Joss Reimer talked about the threats and abuse she was subject to as medical lead and official spokesperson for Manitoba’s COVID-19 Vaccine Taskforce.

But there is hope, she said, because “Tim Caulfield taught me that debunking works.”

For Caulfield, the key is listening to a broad range of perspectives and providing clear, shareable facts from independent, trustworthy sources.

Physicians are ideally situated to do that, said Caulfield, and to “Correct with respect.”

WHAT’S NEXT

To improve the quality and quantify of health system information, the CMA has funded three reporting positions at the Canadian Press and launched CMA Media, which will produce original content on Canada’s health system.
The second day of the Health Summit launched the CMA’s national consultations on the balance of public and private health care in Canada.

As Dr. Ross said in her introduction to the session, “Recognizing the blind spots in the public-private health care discussion,” with access to care in crisis, some governments are looking to the private sector for help. In this context, the CMA believes it’s a critical moment to stand up for the health care we want, guided by a shared understanding of the system we have and core values including timeliness, equity and quality of care — regardless of a patients’ ability to pay.

To provide a broad range of perspectives, panelists for the session included:

- **Erik Sande**, president of Medavie Health Services, which delivers out-of-hospital emergency medical services and home-based primary care across six provinces
- **Robin McGee**, a psychologist and patient advocate from Nova Scotia who has documented her own fight for medical justice after a delayed diagnosis of colorectal cancer
- **Dr. Hasan Sheikh**, a board member with the Canadian Doctors for Medicare and an emergency and addiction medicine physician in Toronto
Sande talked about the need for “pragmatic solutions” to gaps in health care. As a non-profit organization “adjacent” to the public system, he said, Medavie has a different perspective on existing problems and can try different approaches to fix them.

To increase primary care in New Brunswick, for example, Medavie has a virtual clinic where nurses triage cases and physicians can add to existing workloads with shifts as short as four hours. “There is a way out of this,” said Sande of the health crisis, “I’m hoping that the private sector is invited to the table.”

McGee offered a patient perspective on the balance of public and private health care in Canada, noting the stark difference between the promise and reality of universally accessible Medicare.

“Most Canadians assume, once you get cancer, hey, you’re way up there, you’re in the super lethal diseases,” she said, “your therapies will be covered.” In fact, said McGee, public health systems across the country don’t cover the same treatments. In some cases, it depends on which part of your body has been affected by cancer.

Dr. Sheikh stressed the difference between private funding and private delivery of care. Private-pay care, he argued, will not increase access. “If we allow people to pay to get to the front of the line, we just rearrange the line.” Where he sees opportunity is private delivery of care through non-profit community health centres, surgical centres attached to public hospitals or for-profit models like family practices.

Ultimately, however, Dr. Sheikh called for expanded public, not private, health care: “I think it’s about taking ownership of our system, and saying we’re going to make commitments about how people access care. We’re going to coordinate that care and we’re going to measure it and we’re going to be held accountable to that.”
HEALTH CARE SHOULD BE: INCLUSIVE

The CMA is committed to advancing reconciliation in health care and improving health outcomes for Indigenous Peoples.

The role of the CMA Indigenous Guiding Circle (IGC) was the subject of a side stage hosted by Dr. Paula Cashin, vice-chair of the CMA board, radiologist and nuclear medicine physician, and Dr. Sarah Williams, the CMA’s strategic advisor, Indigenous Health. They explained how 16 First Nations, Inuit and Métis leaders, experts and knowledge keepers came together to develop the CMA’s Indigenous Health Goal.

Dr. Williams stressed the collaborative process involved, as well as the trust and respect required to discuss “personal and important issues.”

Dr. Cashin lauded the CMA’s willingness to elevate Indigenous ways of knowing. The end result, she says, “really recognizes that Indigenous communities have the solutions to improve the health of their own peoples.”

As health researcher Kate Jongbloed said in the session that followed, however, “Truth comes before reconciliation.” Addressing systemic barriers and harms takes learning and reflection by the people within the system.
To share what that looks like, Jongbloed and her colleagues Dr. Bonnie Henry and Dr. Danièle Behn Smith outlined the approach they’ve taken to “Unlearning and undoing white supremacy and Indigenous-specific racism” at the British Columbia Office of the Public Health Officer (BC OPHO).

In her opening remarks, Dr. Henry, BC’s Provincial Health Officer, said that “words like ‘white supremacy’ and ‘racism’ make me uncomfortable. But I’ve learned that it’s important to say them anyway.”

Through the pandemic, she said, it became clear that, while the BC OPHO had been working on these issues “in small bits,” systemic racism was still “choking” First Nations leaders’ ability “to do what they needed to do for their own communities” and the organization “didn’t have the words and the tools” to make meaningful changes.

The BC OPHO’s work to correct that, said Deputy Provincial Health Officer for Indigenous Health Dr. Behn Smith, is underpinned by three core practices: learning to name racism, understanding how it operates and strategizing and organizing action.

Too often, Dr. Behn Smith said, this work is placed on the shoulders of Indigenous members of an organization. Instead, she outlined two buckets of work that need to occur at the same time to advance reconciliation.

The first, “basket work,” is for Indigenous Peoples. “Our work is to recover from genocide. Our work is to maintain our cultural continuity,” she said. “That is hard, hard work.” The second bucket, she said, the work to name and dismantle systemic harms, is “copper pot work” that must be undertaken by settlers.

The copper pot work at the BC OPHO includes onboarding sessions on the inherent rights of Indigenous Peoples, an “unlearning club” to learn about white supremacy and the impact on Indigenous Peoples, policy review tools and honest evaluation of efforts to recruit Indigenous employees.

To round out the session, participants were invited to reflect on their own views and share their thoughts in smaller groups.

WHAT’S NEXT

A new Indigenous Guiding Circle will consider initiatives in support of the Indigenous health goal. Their meetings begin in October, 2023. The CMA continues work towards an apology as the national voice of physicians for harms to Indigenous Peoples.
HEALTH CARE SHOULD BE: SUSTAINABLE

As panelists filed in for a session on “Building a movement toward a net zero health system in Canada,” wildfires engulfed large swaths of the Northwest Territories and British Columbia.

“The World Health Organization has declared climate change as this century’s single biggest health threat,” said Harewood, “and every day we’re seeing that play out closer to home.”

In a keynote speech, the Hon. Catherine McKenna, former federal minister of the environment and climate change, provided wider context for the climate crisis — and how health systems are contributing to emissions. Canada, she said, is one of the top three health system polluters worldwide, contributing almost 5% of the country’s greenhouse gas emissions.

As she told the audience, that makes health professionals important advocates for change. “Tackle the emissions in the health care system,” said McKenna. And when you meet with people, she added, “talk about climate change as a health care issue, as the biggest health care issue that we face.”

“Be courageous and show leadership in decreasing gas emissions through the work we all do in health care to make sure that health care is done without harm.”

— Dr. Courtney Howard
In the keynote that followed, Dr. Courtney Howard, a prominent activist and emergency room physician, noted the very real threat climate change has posed to the 100-bed hospital where she worked in the Yellowknives Dene Territory, which was being evacuated due to the wildfires in the region.

Dr. Howard talked about her own journey to advocacy ("I wasn’t taught about climate and health in medical school") and provided what she called a “briefing” for the audience. She also stressed the impact both individuals and health care institutions can have as “anchors” of sustainability.

McKenna and Dr. Howard were then joined by three more physicians for a panel discussion.

Dr. Stephan Williams, an anesthesiologist at the University of Montreal Hospital Centre, outlined some of the change — to hospital supply chains, disposable medical tools and anesthetic gases — on the path to a net zero health system. "We need to create this culture where people accept the right goals, which is zero [emissions]; the right timeline, as soon as possible."

Expanding on a side stage presentation she gave before the net zero panel, Vancouver family physician Dr. Melissa Lem talked about the organization she founded, PaRx, and the benefits of “prescribing nature” for patients — both to their health and the health of the planet.

"We have this intuitive sense that we feel good in nature, and this feeling is backed up by a lot of evidence," she said. People who spend time outdoors are also more protective of it. "They tend to recycle more. They tend to save more energy. They tend to vote for climate advocates and engage in more climate action."

Dr. Ojistoh Horn, a Mohawk Haudenosaunee family physician in Akwesasne and a board member with the Canadian Association of Physicians for the Environment, spoke about Indigenous Peoples’ relationship to the environment and what she called "our moral imperative" to take care of it.

Mainstream society is finally recognizing the value of Indigenous concepts and experiences, she said. "But our communities are impoverished. We are not always compensated, nor do we trust sharing our knowledge. Our knowledge and ceremonies are commandeered and filtered into the burgeoning wellness economy."

The way forward depends on whether or not we can “prioritize the health of the Earth over that of the economy,” said Dr. Horn.

**WHAT’S NEXT**

The CMA contributes recommendations on sustainable health care to the prestigious Lancet Countdown on climate change and health, with the next report due in November, 2023. The CMA is also committed to a net-zero investment portfolio by 2050.
CONCLUSION

Bridging the two days of the Health Summit was the first public appearance by federal Health Minister Mark Holland, appointed just weeks before the event.

In a discussion with Dr. Ross moderated by Jennifer Ditchburn, he emphasized the need for "transformative change on a scale that we’ve never attempted before" — with real impact on the ground.

The CMA will continue to advocate for that change at a national level, informed by the perspectives and solutions shared at events like the Health Summit. We believe that engagement with the people who know the health system best, who experience it as patients and as providers, are essential to a better way forward.

As Harewood noted in his concluding remarks, "Together, we can take our vision for ‘What Health Care Should Be’ and make it reality."

The CMA would like to thank all of the participants and speakers at the Health Summit. Your contributions matter.

“Canadians are done with turf. They’re done with politics. They’re done with excuses around jurisdiction. They want to see results.”

— Health Minister Mark Holland