JANUARY 2023

Taking Back Health Care

HOW TO ACCELERATE PEOPLE-CENTRED REFORM NOW

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The Public Policy Forum works with all levels of government and the public service, the private sector, labour, post-secondary institutions, NGOs and Indigenous groups to improve policy outcomes for Canadians. As a non-partisan, member-based organization, we work from "inclusion to conclusion" by convening discussions on fundamental policy issues and by identifying new options and paths forward. For more than 30 years, PPF has broken down barriers among sectors, contributing to meaningful change that builds a better Canada.

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ISBN: 978-1-77452-125-0

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PPF wishes to thank all the signatories for their work on this paper, as well as Terri Lohnes and PPF staff for extensive support in drafting and deliberations.

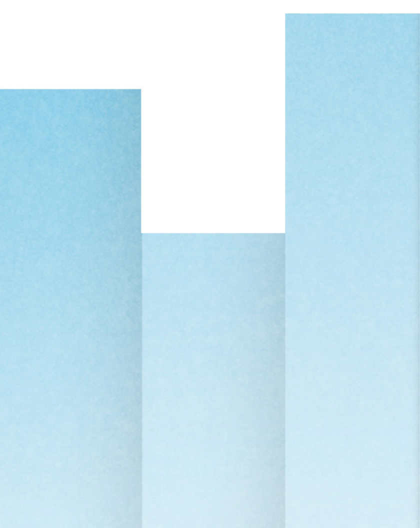
From Crisis to Renewal

We find ourselves in a moment of both opportunity and necessity — one demanding bold action. Governments and policymakers do not own the health-care system; they are entrusted with its stewardship. Health care belongs to all of us, and reform must empower its true owners. It must start with the expectations of Canadians (and everyone who calls Canada home) — what they expect today and what they should be able to expect in the years ahead. This paper and the work to follow calls for the pragmatic reform and innovation needed to meet those expectations, based on our knowledge, experience and a wealth of existing research and analysis. We, the undersigned, believe implementation — not just discussion — of the necessary changes can and must begin immediately.

Since the advent of national Medicare in the 1960s, Canadians have felt pride and confidence in our single-payer, universal health-care system. These sentiments often manifest in a nation-building context, as a symbol of Canadian identity. But pride often ends in a fall, and it can contribute to a sense of complacency. Data[1] show that Canada spends more on health (private and public combined) than most high-income countries, while falling short of the equity and excellence to which we aspire.

Canadians have quietly put up with long waits for elective procedures, difficulties in finding family physicians and obstacles to accessing new medicines and technologies. The pandemic aggravated the situation, exposing

shocking shortcomings in long-term care, a severe deterioration in the pre-existing backlog of treatment,[2] and inadequacies in the supply of intensive care unit beds and vaccine manufacturing capacity. Health-care providers, exhausted and demoralized, are leaving their fields in significant numbers. Much of this is the result of the trade-offs that were necessary to confront a public health emergency, the likes of which had not been seen in a century. Still, the strains predate COVID-19, and the combination of pre-existing conditions, together with the profound impacts of the pandemic, put us in uncharted waters. Small wonder that public expectations have changed suddenly and significantly, with the tenor of the national conversation moving from pride to peril.[3] Polls [4] indicate a material loss of faith in the system, alongside a growing desire for substantive change.



There are crucial strengths on which to build, including:

- **The pandemic illustrated the extraordinary dedication and commitment of health professionals despite extreme circumstances;**
- **The capacity of different orders of government to overcome differences and collaborate for the common good;**
- **The ability of public- and private-sector players to come up with quick and innovative solutions to pressing challenges; and**
- **The embrace of virtual technologies almost overnight.**

Most of all, Canadians, by and large, have stood out among peer countries for their sense of shared responsibility in embracing measures from sheltering in place to rolling up their sleeves. Providers, policymakers, patients and the public should feel encouraged by having done that together.

Still, the status quo is not holding. Tolerance for (or indifference toward) endless discussion and disagreement has run out. Many necessary reforms have been canvassed over the years. We must get on with the job of putting them into action. This may be our last shot at fixing what ails our precious single-payer system. Over the coming year, the Public Policy Forum's Future of Health Care project will focus resolutely on how to secure the future of one of Canada's proudest achievements.

THREE MODERNIZATION IMPERATIVES

What Canadians Should Expect From Our Health System

Our health system makes an implied promise that Canadians will have timely access to the medical services necessary for their health and well-being. To meet the needs of an incredibly diverse population, across a massive geography, in the context of rapidly increasing medical complexity, is an ambitious goal for any health system, let alone one with responsibility spread across 14 government players, countless private insurers, and public and private providers.

Instead of wishing our health system could be all things to all people all the time, we need to arrive at a new and clearer understanding — while still an ambitious one — of which services are truly necessary and what we mean by timely. We must be deliberate in setting out the expectations the system must meet. A set of public policies aimed at not just treating illness, but also promoting health and providing the infrastructure to support health resilience, will lead to a more affordable system in the long run and ultimately a greater public good. In a 21st-century health system, we should expect accessible, timely care enabled by the best use of delivery models, people, technology, data and infrastructure. We should expect that identifying and addressing the health needs of our population will drive discussion on governance and funding, not the other way around. We should expect our leaders to act on an understanding that health is fundamental to the economic and social resiliency of our country and the well-being of its population. These expectations provide the road map for modernizing our health system. Here's how we get started.

MODERNIZATION IMPERATIVE #1: A new definition of access to care that places a performance standard in the hands of people

Many Canadians cannot access primary care,[5] in part due to our outmoded approach of delivering it largely through small business physician-based models. Reasonable access is one of the fundamental pillars of the Canada Health Act. We need to adopt a new, updated definition of reasonable access (and access to what services) that meets the changing and more complex needs of our population, one that is easily understood and measurable, is focused on keeping Canadians healthy and well, and puts power into the hands of the system's users.

Connected, collaborative care: Every Canadian should have the right to a relationship with a primary-care team — within 30 minutes of their home or work — whom they can access for routine care and more urgently when the need is pressing. A foundational goal of reform should be that it's available to every person in Canada, just as access to public school is available to every child. The care should be connected, collaborative and responsive to individual situations, whether in person or virtual. Evidence emerging from the pandemic,[6] including reports from the Ontario COVID-19 Science Advisory Table, reinforces that formal connection to primary care results in better health and well-being for individuals in the community, and more so if it's a team-based care approach. Connected and co-ordinated care includes doctors, but is not exclusively about doctors. There simply needs to be more choice and access points to primary-care services. Nurse-led clinics working with other allied health professionals in the community (including pharmacists), caring for patients with common ailments in settings accessible to almost anyone, are possible. Family physicians working in teams use their skills where they are most needed when they work in partnership with others. Such teams can serve more patients and are the only way we will achieve reasonable access, given the changing demographics of providers and patients alike. Connection to primary care is also a critical enabler of access to specialists and care resulting from those referrals, including surgery.

Team-based models of care, including Primary Care Networks in Alberta, Ontario health teams such as those in Frontenac County, and the new compensation model for physicians in British Columbia are redefining how we can deliver care in a more connected, accessible way.

If we fix that connection to primary care, we help alleviate downstream issues,[7] including overcrowding, delayed diagnosis and inequitable access. If we fix connection, we get further upstream by enabling population health approaches and preventive care. We create opportunities to address the growing mental health and addiction treatment needs[8] of our population, advancing a more inclusive recovery from the pandemic. Fixing that connection to primary care is a first and fundamental step if we are going to meet Canadians' legitimate expectations of access to care that helps them live healthier lives in their own communities.

A performance standard of timely access to a primary-care team within 30 minutes of home or work is certainly ambitious. Then again, the federal government has committed to working with the private sector to bring high-speed broadband to every residence in Canada and that, too, is an ambitious proposition, particularly for the most remotely located five percent of the population. But it's the right goal, and it concentrates minds and expectations. Access to quality primary health care is even more fundamental, and this standard signals the right level of ambition.

21st-century ways to interact: Canadians deserve modern ways to access care that reflect how they want to interact with the system. The pandemic drove a rapid, positive shift in how Canadians consumed health services. It demanded diverse solutions for a varied population with differing requirements and capacities. Video visits, phone calls, online engagement (including the use of bots and automation to support online interactions), remote monitoring, etc., quickly ramped up to support care when being in person was not safe. For many Canadians, it provided a more convenient and timelier avenue for access, while for others without reliable broadband, devices or digital literacy, it created barriers to care. What must be acknowledged, however, is that we cannot rely solely on in-person access in a modernized, effective health system. Canadians deserve different ways to get care, and increasingly they expect it as they relate their consumer experience in other parts of their life to how they consume health care. We need to put virtual into the continuum of care in a way that reinforces patient relationships with care providers, based on a clear understanding of when it is appropriate to use it and when it is not. It is on our system leaders and providers to ensure virtual care is integrated, convenient, of high quality, AND equitable.[9]

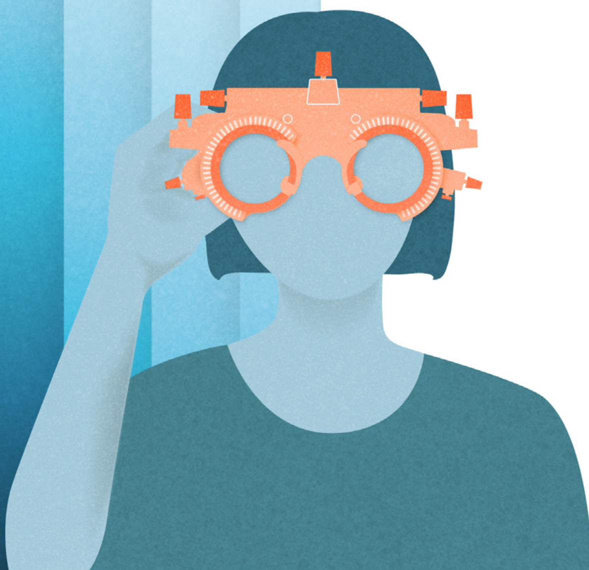
The Children's Hospital of Eastern Ontario (CHEO) has been a leader in testing new ways to connect with patients, from virtual emergency departments to family-centred, virtual rounds.

Access to data that empowers wellness and better care: Timely, accurate information about one's own health is a key ingredient of a user-empowered health system. It enables those accessing care to better understand and make decisions in support of their health. Old and new organizations are working to ease access to a person's own data around diagnostics,[10] primary care,[11] home care, personal health[12] and public health. This trend is likely to accelerate and expand as patients act more like "consumers" who feel entitled to their data, insights into what the data mean and support in using it to improve their well-being. In a world in which policymakers are grappling with wider questions around data rights and portability, a guarantee of secure and equitable access for individuals to both the

BC Health Gateway is a secure portal for B.C. residents to access medications, lab results, health visits and more and was developed through prototype iterations with patients and providers that enabled faster deployment while maintaining privacy and security.

insights and the interpretations of their own data in a user-friendly way is an inevitable and justifiable right. It is unrealistic, even unconscionable, in this day and age to deny or limit access for people to their data if we truly believe in a health system centred on the person, not the provider.

Empowering individuals with their data includes the ability to seamlessly and securely share information within that individual's circle of care and for that individual to have an integrated health record that follows and is tied to them. Primary-care providers, specialists, community health providers (including pharmacists) and all other providers connected to that circle of care must have access to all health professional data and must be able to use systems such as e-referral and e-prescribing to support care. Restricting access based on service silos, which is the reality today, is a major patient safety and customer service concern and further limits choice and access for the individual. Privacy protection must be addressed without inhibiting necessary integration and connection of patient information. In a 21st-century health system, patients are consumers of their own data. It is incumbent on our health system to give them ready access to their data and empower them (and those who support their care) to use it safely and effectively.



MODERNIZATION IMPERATIVE #2 Improving health outcomes, not funding, must drive governance and accountability

Most Canadians — and health-care leaders — were pleasantly surprised at the "just get it done" attitude of government during the pandemic. A common purpose — the safety and wellness of the population — acquired paramountcy. Just because we are hoping to move on from the pandemic doesn't mean we shed the sense of common purpose that seized our governments.

What if instead of fighting over dollars, our federal and provincial leaders started with what Canadians should expect from their health-care system? They could then identify what needs to change to meet those expectations and only then agree on what each will contribute to make it happen. This isn't a money argument; it is a quality plan. The ranking of priorities for action might differ from one province, territory or Indigenous community to another. Canada is a large country with diverse populations. Action doesn't have to be one big common undertaking; it can be supported by bilateral agreements, interjurisdictional collaborations or regional initiatives, rather than a one-size-fits-all approach. Keep the focus on the needs of the populations that our policymakers serve, not the jurisdiction they represent. Let's remember how public

health care rolled out in the first place: It started with a single province, Saskatchewan, and then the federal government and others followed suit. Let the innovative leaders innovate to serve the needs of their people without being held back by those lacking will or ambition.

Reform should move forward now wherever the will exists to act. It does not have to wait for an elusive grand bargain that all governments bless at the same time. Of course, some important issues require co-ordination (data standards and standards for access, for example), and core principles of the Canada Health Act must remain the foundation for meeting expectations for common and equitable access to care and services across our country.

The solution can't be just more dollars. Our spending per capita is already among the highest of our peers and simply putting more money in hasn't moved the needle on health-system performance. Decision makers should focus their action on smarter, co-ordinated and better use of existing spending on solutions we already know work, in addition to exercising other levers of change at their disposal. Legislation and regulation could be better used to set standards around quality and access. Provincial and federal agencies could do more to share data, best practices and research to drive improvements in care delivery. And elected leaders have the power to convene, gathering the necessary actors around the table to identify and enable solutions.

On child care, we saw government reach bilateral agreements on high-level outcomes province by province once the federal government set a goal. On senior care, new national standards for long-term care[13] have focused on dignity and respect, ensuring those living in such homes receive the quality of care they need and deserve, regardless of their provincial or territorial address.

Canadians are justified in expecting senior provincial, federal and other public-sector leaders to outline the health outcomes we should strive for and determine how they will be achieved. This is what we expect leaders to do — set the parameters for safe, reliable, high-quality and accountable care based on best evidence and data, technical insight and engagement with public and equity-seeking groups. It must be supported by metrics and associated accountabilities, within a transparent process, and funding should flow against that. We have examples nationally (Health Standards Organization), and internationally (Commonwealth Fund, OECD, ICHOM) of the types of health outcomes we should expect in a high-performing health system and how to measure progress. Our leaders are not starting with a blank sheet.

Some change is starting to occur in parts of the country. It must happen in more places, more consistently. We must be better at identifying, leveraging and communicating successful reform to promote spread and scale. The good news? We're not starting from scratch — we can look to those pockets of progress for a path forward.

Health human resources strategies that create flexibility and well-being for practitioners: At the heart of our health delivery are health workers. Our system must do a better job of supporting them. Nurses, doctors, paramedics, personal support workers, community health educators

and many other practitioners have stepped up again and again in the most challenging circumstances, especially in the last three years. But we are facing an unprecedented shortage of professionals[14] that has been exacerbated by the pandemic. This is true both in Canada and around the world. We do not have the people necessary to provide the care Canadians need and deserve. This will not be solved in the short term, but we can take actions to alleviate the pressure. We need an all-hands-on deck attitude to move quickly on short-term actions and be open to unconventional ideas that can have an impact.

Canadians would welcome cross-Canada licensure of health professionals, fast-tracking of foreign-trained professionals and adoption of team-based models of care as reasonable initiatives to help address our health human resources crisis. Our leaders must work together on achieving clinician mobility to practise anywhere in Canada, both in person and virtually, to address shortages. They could share lessons learned and best practices to accelerate team-based care models that enable professionals to work at their full scope of practice and align their skills to patient needs. This could create better work environments to tackle burnout as care could be accessed across a broader range of skilled professionals, reducing reliance on just a few roles. In addition, we must modernize who we think of as care providers — community services partners, social workers, peer counsellors, educators and the like — and leverage their ability and capacity in local, regional and national strategies, including the potential to expand the scope of what they can do. We must also acknowledge the care provided by family, friends and volunteers and look at ways to support them. This is both to ensure they have the tools and resources to safely manage the care they are already doing, and potentially to educate or train them to safely provide other care that they could do.

In Nova Scotia, pharmacists work collaboratively with nurse practitioners in walk-in clinics; expanded scope allows them to prescribe, immunize and help patients manage chronic disease.

These measures would make a difference, but much more will be required. If we are to truly play the long game in sustaining our health system, we must also look at education and training programs. Provinces, regulatory colleges and post-secondary institutions must be supported and ensure programs meet the demands for both the sheer number of providers we need, and the skills required to support provider success in delivering high-quality, accessible and equitable care.

Action on data and digital supports for planning, delivery and quality improvement: Our single-payer system means we have millions of data points that should be available to policymakers, researchers, administrators and frontline clinicians to ensure quality of care, in service of the public good. Today, most of this data is siloed either geographically or functionally, defined in different ways and available in different time horizons. Technology can fix this problem. There are legitimate data governance and privacy issues that should and can be addressed, and this is a necessary first step in any transformation scenario. It requires all levels of government to work together on meaningful progress. A bright spot: The road map on how it can be accomplished has already been developed through the Pan-Canadian Health Data Strategy.[15] Other provinces, Ontario[16]

Governments elsewhere are moving on data strategies using their power of legislation. The 21st Century Cures Act in the U.S. is mandating integration and interoperability of health data platforms as well as patient access to their health information.

specifically, are building on this strategy in the context of their own needs. Leaders must act collaboratively to realize a modern, health data ecosystem for Canada. This means: better health data literacy (for patients and providers); policy and legislative frameworks that treat data as a public good; integrated data and systems to inform and advance health and equity outcomes; and secure patient access to their own information. We can no longer neglect the importance of alignment and agreement on a fundamental data strategy to better inform care. Implementation can begin now.

A relentless commitment to innovation spread and scale: Canada needs a co-ordinated, long-term approach to finding and scaling pockets of progress on health innovation happening in our own backyard. We have often been described as a nation of pilot projects,[17] in that we are great at starting small, interesting initiatives that attempt to improve our health services, yet we fail significantly in learning, nurturing and translating those initiatives into real impact across the country. This is true up and down the system, from models of care, medical interventions and clinical practice changes to technology innovations, system process redesign and procurement modernization. Compounding this problem is that we often disregard or diminish initiatives in one part of the system or country because of an attitude of "while it might work there, it's different here so we won't adopt it and we'll design our own instead." There are some working hard to counter this.[18] Community surgery centres, digital pathology, e-referral and e-consult, and a host of other small-scale, pilot or demonstration initiatives have shown good evidence that they can improve cost, quality and access. However, this must be a deliberate focus for health-system leaders, policymakers and governments if we are ever to realize the benefits of investments being made in these smaller-scale programs. If something successfully improves access and outcomes, then leaders must tap into those successes and implement them in their own communities, as they have the policy, legislative, funding and procurement levers to insist proven innovations reach Canadians.

CAN Health Network is a public/private collaboration that works with companies looking to introduce innovations to the health system. A crucial focus is on value-based and more dynamic procurement models to accelerate adoption, as well as more focused partnering between innovative companies and health-system providers.

MODERNIZATION IMPERATIVE #3
We can no longer ignore that health is wealth

We tend to talk about our health system as a cost, not an investment. Federal, provincial and territorial governments focus on ways to contain costs while negotiating the grow-

ing spending allocated to health care against other necessary public goods like education, infrastructure and social services. Given the scale of the spending, that's inevitable. The impact that health has on our economy has been laid bare over the last three years. When COVID-19 struck, we saw the need to shutter factories and offices, shut down restaurants and entertainment venues, ground global travel and indefinitely alter how people live and work. We are now in a period of rising costs and fears of a recession, tied largely to the economic shocks and adjustments from the pandemic. We can no longer ignore the inextricable link that health and well-being have on our economic resiliency, and vice versa. Economic and social well-being are key determinants of health. Canadians should demand our policymakers treat health and wellness as a foundational pillar of our economic strategy[19] for the years and decades to come. If we don't address this crisis in our health system, we will compromise our economy and future prosperity.

A modern, resilient Canada should view investments in health as having positive returns for society and the economy. Numerous socio-economic impact studies[20] demonstrate that investments in health contribute to advances in research and innovation, attraction and retention of top talent, economic growth and a better society. This is on top of a healthy and well population. Increasingly, leaders around the globe are raising the connection of climate change and economic decisions to health-system capacity and resilience, whether that be impacts of clean air, safe drinking water, sufficient food, shelter and livable communities. We must embrace the role health plays in our economy (and conversely the role the economy plays in health and wellness), not run from it.

The public-private rhetoric needs an update: Policymakers, providers, journalists, analysts and commentators could all help foster a well-informed, fact- and evidence-based dialogue about the role of the private sector in Canada's health-care system.[21] First, there is what we pay for services that are not covered under our current public health insurance programs. In Canada, 30 percent of services, including most prescription drugs, dental, vision, allied health services and some surgical, are delivered and paid for privately. Access to these services is highly inequitable and they drive a great deal of spending. Indeed, Canadians spend more privately than the average of OECD countries,[22] and this will likely be further exacerbated as the gig economy grows and access to employer-based insurance changes. This public/private patch-work[23] creates more silos to care and more gaps in equity of access, which can result in poorer health outcomes. These changing realities require us to update and clearly articulate what should be essential services covered by our public insurance system, as referenced above in Modernization Imperative #1, to achieve the health outcomes everyone in Canada should be able to expect. The recent movement on dental care is an important, if limited, step. Still, much work remains to address the public-private patchwork and the gap between today's essential services and the reach of the public system.

Another set of issues, distinct from what is and isn't covered in the public system, is the role of the private sector in publicly funded service delivery. A lot of commentary reflects a less than complete grasp of the facts here.

Most doctors in Canada practise as private physicians (often in incorporated, small businesses) and bill the government under either fee-for-service or capitation models. There are privately run clinics (many providing lab and imaging services, for example), where delivery is paid for by the public system, and where there is often a referral relationship with a public hospital. Then we also have a small number of clinics operating completely outside the publicly funded system. Some services in our hospitals, not considered core clinical services, are contracted out to private providers, such as biomed, food services, laundry, maintenance and security.

In a well-informed, evidence-based pursuit of improvement, decision makers should draw on examples from a range of private-sector roles in Canada and other countries, where the partnership supports rather than undermines key values like equity (including robust and sustainable public funding for essential services), quality and access. Certain partnerships deploy a risk/reward model where the system pays based on getting better health outcomes, as opposed to just more activity. Building on successful examples and applying their lessons should be part of system reform, with such partnerships neither ruled out nor ruled in simply because they involve the private sector in delivering care.

Our health innovation sector is an economic imperative:[24] Health is an industry, yet we often focus our attention on investment and sustainability of the service delivery side (hospitals and clinicians for the most part) rather than look at the whole ecosystem. There is so much more that can contribute to economic resiliency. Our life sciences, biotech, medtech and digital-health sectors rose to prominence during the pandemic as they rapidly advanced research on vaccines and grew lab capacity, mobilized manufacturing for personal protective equipment and ventilators, connected data to dashboards to monitor risk and prevalence of COVID-19, and worked hand in hand with government to manage system supply requirements. There is incredible potential across these sectors to contribute more significantly to advancing both health and social care and economic growth. Nurturing our health-innovation sector results in broader social and economic benefits, including good (and more) jobs, local manufacturing and supply chain security for essential health-care inputs, and research and innovation.

Through the federal Digital Super Cluster program, government, health providers and Toronto-based AI startup DNAStack have created world-leading platforms to inform planning and advanced research on infectious diseases in real time. The company's innovations are gaining global recognition here and abroad as they look to scale.

There have been expert panels,[25] special councils and public- and private-sector leaders calling attention to this for years, with limited or sporadic action. A concerted, focused effort is required to unleash that potential and realize the benefit of better care and stronger, globally relevant innovative companies. Other countries are moving fast on policy, research, commercialization and investment activity in support of their health-innovation sectors as they come out of the pandemic. Canada cannot afford to be left behind. Collaboration and common cause among governments, research institutions, innovation networks and the private sector are required to mobilize quickly and realize the economic and health benefits for Canadians.

The Biden administration is taking health innovation seriously with a $2-billion strategy to enhance life sciences and biomanufacturing under a health and social economy agenda.

It's Time to Get Serious About Well-Being

We have an unprecedented opportunity to fundamentally transform what Canadians continue to see as a defining element of our nation: our publicly funded health system. We can come together as a nation, affirm the outcomes every Canadian should be able to expect, and do what it takes to provide the access necessary for those outcomes no matter where you live — to restore the faith and morale of our care providers and to build an economy that is healthy and resilient. Our health system isn't just about providing care, it is about supporting the well-being of all.[26]

The pandemic amplified the weaknesses in our health system. That is clear. But more profoundly, it put the spotlight on what we can do to fix it. The answers are in front of us:

- **Commit to timely, accessible care that leverages the best innovations;**
- **Root decisions on governance and funding in the health outcomes that matter most to the people of Canada; and**
- **Recognize health as a fundamental economic pillar in government plans and actions**

It's time our policymakers, elected leaders, health leaders, business leaders and industry experts focused on the fixes. Many proven solutions for improving our system are available. Medicare was born in a single, reform-minded province. Its future can be secured for the next generation by similar determination today, wherever it exists. We need the will to implement major change that moves beyond crisis and ensures our health-care system lives up to both the pride and expectations of Canadians. Lives depend on it.

The Public Policy Forum's Future of Health Care project is a year-long initiative to assemble and promote the best thinking about actions necessary to fix Canada's health-care crisis. *Taking Back Health Care: How To Accelerate People-Centred Reform Now* is the first in a series of commentaries that the project will produce. This paper addresses the big picture, while subsequent pieces will tackle more specific areas, including primary care, data and digital transformation, elder care and mental health. This paper is endorsed by members of the project's core advisory group:

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The signatories are acting in their personal capacities, not necessarily reflecting official policies of the organizations and institutions with which they are affiliated.

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