



*MAKING A DIFFERENCE...*  
**THE FEDERAL ROLE IN CANADA'S HEALTH SYSTEM  
AND SCIENCE & TECHNOLOGY**

**A SUBMISSION TO  
THE HOUSE OF COMMONS STANDING COMMITTEE ON FINANCE  
AUGUST 15, 2008**

## **WHO WE ARE...**

The Association of Canadian Academic Healthcare Organizations (ACAHO) is the **national voice** of Teaching Hospitals, academic Regional Health Authorities (RHAs) and their Research Institutes. The Association represents more than 45 organizations, with members ranging from single hospitals to multi-site, multi-dimensional regional facilities (also known as “Research Hospitals”).

Members of ACAHO are leaders of innovative and transformational organizations which have an overall responsibility for the following integrated activities:

- Timely access to a range of high-quality specialized and some primary health care services.
- Provision of all of the principal clinical teaching sites for Canada’s health care professionals including partnerships with all 17 Faculties of Medicine and Faculties of Health Sciences.
- Infrastructure to support and conduct health research in its dimensions — medical discovery, knowledge creation, knowledge translation, and innovation and commercialization.

There are no other organizations in the health system that provide the unique combination of health services that our members do. We consider our institutions to be vital “hubs” in the health system — in addition to being a national resource.

## **OUR MISSION...**

The mission of ACAHO is to advance and promote excellence in the delivery of high-quality health services, in the teaching and educational experience of health care professionals, and in the health research and innovation enterprise.

## **OUR MANDATE...**

The mandate of ACAHO is to provide effective national leadership, advocacy, and policy representation in the following three related areas:

- Funding, organization, management and delivery of highly specialized tertiary and quaternary, as well as primary health care services.
- Education and training of the next generation of Canada’s health care professionals.
- Infrastructure to support and conduct basic and applied health research, medical discovery, and innovation and commercialization.

For more information on the activities of the Association, please visit our website at [www.achho.org](http://www.achho.org).

## EXECUTIVE SUMMARY

In order to realize its mission and mandate, ACAHO, with its members, depends upon the federal government for a significant leadership role when it comes to: (1) enhancing the *capacity-building* of the health system – so that Canadians can receive timely access to care, and (2) *accelerating* the new knowledge that comes from investing in health research, innovation and commercialization – which improves the overall health of Canadians; informs our ability to make cost-effective clinical and administrative decisions, and contributes to sustained economic prosperity. While these two strategic pillars (in addition to our focus on training the next generation of health professionals) form the *raison d'être* of our members, there are related, but different policy parameters at play when it comes to the federal government's consideration of these issues.

In keeping with the spirit of the request from the Standing Committee, the Association is submitting one recommendation in each area of strategic focus. This is a departure from past ACAHO Briefs where we have identified a series of linked recommendations that recognize the role of the federal government when it comes to capacity-building in the health system, and its critical relationship to supporting and nurturing science and technology as they relate to health research.

### TODAY'S TRAINEES ARE TOMORROW'S HEALTH PROFESSIONALS & CAREGIVERS

Given the concerns that exist across the country regarding the supply of health care providers, ACAHO is of the view that there is an important collaborative and complementary role for the federal government to work with the provinces and territories. Moreover, there is clear precedent for the federal government to become more active in this area, and to work in close collaboration with the provinces and territories as evidenced by the establishment of the *Health Resources Fund Act* of 1966 – which was valued at \$500 million.

In our view, more can and should be done in this area to establish a pan-Canadian solution that can focus on producing more health care professionals across the country. In this regard, ACAHO is strongly supportive of the proposal by the Health Action Lobby (HEAL) to establish a five-year \$1.0 Billion "*Health Human Resources Infrastructure Fund*". The essence of the Fund is for the federal government to work with the provinces and territories to develop the necessary capacity to train the next generation of health care professionals.

#### ***Recommendation #1***

*That the federal government, working in close collaboration with the provinces and territories, and providers, establish a **National Health Human Resource Infrastructure Fund** to continue to build capacity to educate and train Canada's health care professionals.*

### SCIENCE & TECHNOLOGY AS A PATHWAY TO OUR FUTURE

Knowing that we are on the threshold of a biotechnology revolution, in addition to other advances in health research, ACAHO is concerned that any retrenchment in funding the health research enterprise would have serious consequences on our ability to attract and retain world-class researchers (some of whom are also world class health care professionals) – not to mention our ability to advance the process of discovery and innovation. Indeed, we have created an entire Biotechnology industry that has spun out of our universities and affiliated teaching hospitals and research institutes. We must continue to build on and benefit from the progress that has been made.

#### ***Recommendation #2***

*That the federal government enhance its ongoing support for the health research, innovation and commercialization enterprise in a balanced and step-wise fashion.*

## INTRODUCTION

The Association of Canadian Academic Healthcare Organizations (ACAHO) welcomes the opportunity to submit a Brief to the House of Commons Standing Committee on Finance as part of its role in contributing to the development of the federal government's 2009 Budget.

Given the mission and mandate of our members, the federal government has a significant leadership role to play when it comes to: (1) enhancing the *capacity-building* of the health system – so that Canadians can receive timely access to care, and (2) *accelerating* the new knowledge that comes from investing in health research, innovation and commercialization – which improves the overall health of Canadians; informs our ability to make cost-effective clinical and administrative decisions, and contributes to sustained economic prosperity. While these two strategic pillars (in addition to our focus on training the next generation of health professionals) form the *raison d'être* of our members, there are related, but different policy parameters at play when it comes to the federal government's consideration of these issues.

In keeping with the spirit of the request from the Standing Committee, the Association is submitting one recommendation in each area of strategic focus. This is a departure from past ACAHO Briefs where we have identified a series of linked recommendations that recognize the role of the federal government when it comes to capacity-building in the health system, and its critical relationship to supporting and nurturing science and technology as they relate to health research.

While a recommendation is identified by the Association, it is important for the Standing Committee to recognize that there are other related policy priorities that also need to be seriously considered seriously. Furthermore, the promotion of a single recommendation should not leave the impression that there is one magic bullet that will address the longer-term sustainability of our health system, and our systems of health research, innovation and commercialization.

## THE FEDERAL ROLE IN HEALTH CARE, AND SCIENCE & TECHNOLOGY

When it comes to the health system, the federal government effectively has two direct instruments to invest (in addition to tax policy changes – such as the Goods and Services Tax<sup>i</sup>):

1. *Fixed Funding* – these funds are usually understood to be legislatively determined cash transfers – such as those set out through the *Canada Health Transfer*; and
2. *One-Time Funds* – such funds are issue-specific, time-limited and strategically focused (such as, the Wait Times Reduction Fund, Health Transition Fund, Primary Care Transition Fund, Medical Equipment Fund (I and II), Canada Health Infoway, Canada Foundation for Innovation).<sup>ii</sup>

In each case, the Funds were designed with a series of parameters to be adhered to in order for the provinces and territories to receive funding.

Understanding that the level of cash transfers are currently set out in the 2004 First Ministers' Accord through to 2014, ACAHO believes that there is an opportunity for the federal government to play a invaluable role when it comes to assisting in the capacity-building of the health system – with the desired outcome being improved access to a range of high-quality health services.

Furthermore, the federal government plays a crucial role when it comes to supporting and nurturing health research, innovation and commercialization in this country through a number of policy instruments that provide a combination of fixed and variable resources.

When it comes to the health system, ACAHO believes there is a fundamental leadership role for the federal government to consider the *transformative* nature of those investments that are issue-specific, time-limited and strategic in their design.

At the same time, investments that support science & technology (i.e., health research, innovation and commercialization) not only improve the health status of Canadians, and empower the efficient delivery of cost-effective health services, and form the backbone of a knowledge-based economy that can compete in the global marketplace of ideas, capital formation, highly skilled jobs and a growing public revenue stream.<sup>iii</sup>

#### **“CAPACITY-BUILDING” AND ACCESS TO THE HEALTH SYSTEM**

It is important to note that the term “capacity-building” is simply a means to an end, and not an end in of itself. It is about introducing specific investments that can make a difference in transforming our system, improving its flexibility and adaptability, and ensuring that it will be there over the medium- and longer-term for all Canadians.

It is clear that wait times are the barometer by which Canadians perceive the performance of the health system. Important as wait times are, their very existence is closely linked to a range of other policy issues. For example, the lack of available family physicians, specialists, nurses or technicians has a direct impact on the availability of health services. At the same time, limited operating revenues for teaching hospitals and/or regional health authorities can also impact on the number of functional surgical suites – thus impacting service availability. Similarly, restricted capital budgets limit the number of diagnostic and therapeutic pieces of equipment in use both now and during any future expansions. Expanding the access to a patient’s health status through the implementation of electronic health records can also impact on how we use scarce public resources effectively.

In other words, as much as there has been an appropriate focus on the amount of time one waits for care, there is a combination of policy pressures (and levers) related to the overall *capacity* of the system that must also be considered and addressed.

Understanding that these *policy linkages* are a reality, the Standing Committee has requested that ACAHO offer only one recommendation. As a result, the Association’s recommendation is focused on health human resources knowing that there are other policy areas where the federal government can make a lasting difference to the structure and health outcomes produced by the system.<sup>iv</sup>

#### **TODAY’S TRAINEES ARE TOMORROW’S HEALTH PROFESSIONALS & CAREGIVERS**

If the health system is to thrive and not simply survive, then we must look for accelerated investment in our most prized assets – health care professionals. While it is unlikely that anyone would disagree with this over-arching policy statement, the question that remains is “what specific collaborative and partnership-driven role can the federal, provincial, and territorial governments agree on?”

If the prime objective of the health system is to ensure that Canadians have timely access to high-quality health care services, there are growing concerns that the current and future supply of health care professionals (be it physicians, nurses, pharmacists, physiotherapists, technicians and others) is not able, now or into the future, to meet the demand for health services.

Canada’s federal parliamentarians are clearly aware of these concerns. According to the results of a 2006 survey that was completed by one-third of federal Members of Parliament or their senior aides, on a forced-choice selection of 10 preferred funding options, the “Hire more doctors and nurses” was selected 80.4% of the time, more than double the 37.3% that was recorded for “reduce” taxes.<sup>v</sup> Implicit in these findings is the recognition that Canada needs more of virtually all health professional disciplines.

Furthermore, the policy challenges related to health human resources (HHR) have been identified in several seminal reports – including the Royal Commission on the Future of Health Care in Canada, the Standing Senate Committee on Social Affairs, Science & Technology, and the Health Council of Canada.<sup>vi</sup>

This is a particularly important time where growing numbers of health providers are looking to retire over the next decade (or leave the health system altogether) relative to the number of trainees who are entering the health system. It is also a time where a growing number of aging Canadians will be turning to the health system for diagnosis and treatment. Moreover it is not simply an issue of graduating new professionals. With the increasingly rapid growth of knowledge and new technology, lifelong learning is of growing importance to all providers. Statistics Canada has reported that in 2002, 60% of adults in health occupations participated in formal job-related training, twice the rate of other occupations.<sup>vii</sup>

At the same time, the health human resource challenges that are facing the health system are not unique to Canada – over the next decade all western developed countries can expect intensified global competition for talent when it comes to health providers.<sup>viii</sup>

In the 2004 Health Accord, a \$4.5 billion Wait Times Reduction Fund (WTRF) was established. Although it was called a “Fund”, the reality has been that monies from this fund have already been transferred to the provinces and territories on an equal per capita basis.<sup>ix</sup> In other words, while the monies have been welcome by the provinces and territories, they have likely been absorbed into the day-to-day operations of their health systems, given that there are no specific “strings” that require these funds be invested in other than under the general guidance of “*This Fund will primarily be used for jurisdictional priorities such as training and hiring more health professionals, clearing backlogs, building capacity for regional centres of excellence, expanding appropriate ambulatory and community care programs and/or tools to manage wait times.*”<sup>x</sup>

Given the concerns that exist across the country regarding the supply of health care providers, ACAHO is of the view that there is an important collaborative and complementary role for the federal government to work with the provinces and territories. Moreover, there is clear precedent for the federal government to become more active in this area, and to work in close collaboration with the provinces and territories as it did with the establishment of the *Health Resources Fund Act* of 1966 – then valued at \$500 million.<sup>xi</sup>

In our view, more can and should be done in this area to develop a pan-Canadian solution that can focus on producing more health care professionals across the country. In this regard, ACAHO is strongly supportive of the proposal by the Health Action Lobby (HEAL) to establish a five-year, \$1.0 Billion “*Health Human Resources Infrastructure Fund*”.<sup>xii</sup> The essence of the Fund is for the federal government to work with the provinces and territories to develop the necessary capacity to train the next generation of health care professionals.<sup>xiii</sup>

#### ***Recommendation #1***

*That the federal government, working in close collaboration with the provinces and territories, and providers, establish a **National Health Human Resource Infrastructure Fund** to continue to build capacity to educate and train Canada’s health care professionals.*

Without exception, successful globally competitive economies of the 21st century will be built on talent management strategies that create a labor force that is healthy, highly educated, and fully engaged.

#### **SCIENCE & TECHNOLOGY AS A PATHWAY TO OUR FUTURE**

In the Association’s view, health research is the oxygen of an evidence-based health system. It is the basis upon which many sound public policy decisions are based. It is the backbone of a health system upon which cost-effective clinical and/or administrative decisions are taken.

ACAHO believes that while significant investments in Canada’s health research enterprise have been made largely by the federal government through a number of instruments (e.g., Canadian Institutes of Health Research, Canada Research Chairs, Canada Foundation for Innovation, Canadian Health Services Research Foundation), we must continue to sustain the momentum that we have created so that we can continue to participate in the benefits that come from future world-class research findings. Understanding that the research and discovery process takes time, we must continue to “till the soil” if we are to fully harvest the fruits of our labor – and remain as a world-leader.

Knowing that we are on the threshold of a biotechnology revolution, in addition to other advances in health research, ACAHO is concerned that any retrenchment in funding the health research enterprise would have serious consequences on our ability to attract and retain world-class researchers (some of whom are world-class health care professionals) – not to mention our ability to advance the process of discovery and innovation. Indeed, we have created an entire Biotechnology industry that has spun out of our affiliated teaching hospitals, research institutes and universities. We must continue to build and to benefit from the progress that has been made; we must not go backwards.

Furthermore, a move away from commitments to funding research, innovation and commercialization, will result in Canada falling behind those countries that place tremendous value on the linkages between creating knowledge and its spin-off effects – particularly in a global economy that competes on the basis of the advancement and translation of knowledge. Importantly, each of the impacts of health research noted above are mutually reinforcing and are built on the publicly funded and administered platform of our health system. This alone presents Canada with a very unique opportunity to continue to harness the multiple benefits that flow from health research and innovation.

Given these linkages, and the fact that the federal government funds 75 cents of each public dollar invested in health research, ACAHO would encourage the federal government to continue to make an important difference, and accelerate its role in advancing the health, social and economic benefits of health research.

At the same time, it is important to link early-stage investments in health research that largely come from the public sector to research outputs; that is, “how is this new knowledge being introduced to Canadians, driven through the health system and converted into goods and services for the marketplace?” In the latter case, ACAHO is of the view that enhanced pre-commercialization “gap-funding” would allow institutions to take seriously the “D” in R&D and drive products to the point where industry was interested in investing funds; such industry support would then incubate ideas to a greater level of maturity and avoid the situation where new discoveries leave a Research Hospital too early. Institutions would respond by ensuring that they hire experienced project managers who have the know-how to undertake product development in parallel with the more traditional discovery research approaches.

As it stands, the federal government has a combination of policy levers (e.g., evaluative, tax policy, direct funding) with which it can focus on addressing the current pre-commercialization gap funding challenges.<sup>xiv</sup> ACAHO, with a view to expanding the development capabilities of its members, offered in its recent Policy Brief, the following recommendation to the federal government: “*In collaboration with Research Hospitals, Universities and Industry, the federal government consider options to expand its investment in pre-commercialization (i.e., development) gap funding mechanisms.*”<sup>xv</sup>

***Recommendation #2***

*That the federal government enhance its ongoing support for the health research, innovation and commercialization enterprise in a balanced and step-wise fashion.*

ACAHO is also a member of Research Canada, and fully endorses the recommendation that is contained in their Brief.<sup>xvi</sup>

ACAHO also released three reports that highlight the important contributions of Canada’s Research Hospitals in the area of health research, innovation and commercialization – and focus on the role of the federal government and the need to continue to develop an integrated health research framework.<sup>xvii</sup>

Furthermore, the Association has also released a Policy Brief (“*Our Paths to Prosperity...A Policy Road Map for Canada’s Health Research, Innovation and Commercialization Enterprise*”) – which is intended to build on the federal government’s Science and Technology Strategy, and that Brief includes 10 recommendations.

## **CLOSING REMARKS**

ACAHO understands that in a world of scarce public resources, difficult policy choices must be made. With the objective of looking to maximize overall societal welfare, we have offered a recommendation that must not be viewed as an end-point. In other words, there are other important policy issues that are linked to the issue of health human resources, capacity-building, and the role of the federal government. In addition, investments in health research, innovation and commercialization have the potential for significant health, social, and economic dividends that can be of lasting benefit to the country.

The Association looks forward to working with the federal government to identify those policy options that will not only improve the *health* of Canadians, but leverage the overall *wealth* of the country.

## APPENDIX A: MEMBERS OF ACAHO

### Newfoundland

**Ms. Louise Jones**  
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### Nova Scotia

**Ms. Anne McGuire**  
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**Ms. Christine Power**  
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### New Brunswick

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**Monsieur Daniel Bergeron**  
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**Monsieur Robert Busilacchi**  
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**Madame Lise Denis**  
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**Madame Patricia Gauthier**  
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**Ms. Janet Davidson**  
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**Dr. Paul Garfinkel**  
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**Mr. Hugh Graham**  
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**Ms. Sheila Jarvis**  
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**Dr. Jack Kitts**  
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**Mr. Jeffrey Lozon**  
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**Mr. Cliff Nordal**  
London Health Sciences Centre  
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**Mr. Mark Rochon**  
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The Caritas Health Group  
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**Mr. Howard Waldner**  
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## ENDNOTES

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<sup>i</sup> ACAHO, along with the Canadian Healthcare Association and the Catholic Health Association of Canada has called on the federal government to amend the *Excise Tax Act* so that hospitals and other publicly-funded not-for-profit institutions will not be “taxed” via the GST and have to return \$300 million annually to the government. This anomaly results in the government “giving with one hand, and taking with the other”.

<sup>ii</sup> Going back further, the federal government created specific envelopes of funds to assist the provinces in the building of new hospitals (i.e., the *Hospital and Construction Grants* program in 1948), and in creating new medical schools (i.e., the *Human Resources Fund* in 1966). In important ways, these one-time Funds (and some have been cost-shared between both levels of government) have been timely, focused and transformative in nature. In 1948, the federal government established the *Hospital Construction Grants Program*. The purpose of this program was to make available grants to the provinces and territories that would cover the cost of building new hospitals. This initiative – designed to build physical capacity in the system to deliver timely care – was seen as a vital precursor to the development of first-dollar coverage for hospital-based services through the *Hospital Insurance and Diagnostic Services Act*, and what we now know as Medicare. Furthermore, there is important historical precedent that highlights the complementary role of the federal government in the area of expanding health human resource capacity. Specifically, in 1966, the federal government created the *Health Resources Fund* – valued at \$500 million. The *Health Resources Fund Act* was “...to provide for the establishment of a Health Resources Fund to assist provinces in the acquisition, construction and renovation of health training facilities and research institutions.” In effect, the Fund was issue-specific, time-limited, strategically focused – and was divided into three streams: (1) the federal government agreed to provide up to 50% cost-sharing for each proposal that was considered, and could provide a maximum contribution not greater than the provinces percentage of the country’s population. (2) The remaining \$175 million could be allocated “from time to time” by the Governor-in-Council; and (3) \$25 million was to be allocated on the basis of joint proposals submitted by the Atlantic Provinces. Given the leveraged nature of certain components of the Fund (i.e., 50:50 cost-sharing with the provinces), its total value was \$800 million. The Fund was created over forty years ago, and focused on expanding the training capacity “of persons in the health professions or in occupations associated with health professions...”. Understanding that the nature of the health system has evolved, and the issues related to health human resource training capacity extend across a broad range of provider groups, we believe that it is time to consider how to translate and apply the fundamentals that underpin the *Health Resources Fund* to today’s national policy circumstances.

<sup>iii</sup> An overview of select federal government investments in health research are listed on page 16-17 of “*Moving at the Speed of Discovery – From Bench to Bedside to Business*”. ACAHO, November 2007.

<sup>iv</sup> In addition to human resources, investments in information & communications technologies (ICTs) – such as through *Canada Health Infoway* – can have a more *powerful* and *transformative* impact on the overall organization and delivery structure of the health system. Not only can electronic health records improve the efficient exchange of patient information, minimize the duplications of diagnostic tests, improve health outcomes and patient safety, they can also be a significant driver of how providers organize themselves and work together to provide care. Furthermore, ACAHO has called on the federal government to create a one-time *Health Delivery Infrastructure Fund* to assist teaching centres/hospitals to (re) build their delivery capacity to provide timely care to Canadians. More details on each issue can be found in previous Briefs submitted to the House of Commons Standing Committee on Finance, and Standing Committee on Health.

<sup>v</sup> Clark D, McGrath R, MacDonald N. *Members’ of Parliament Knowledge of and Attitudes Toward Health Research and Funding*. CMAJ 2007;177(9):1045-51.

<sup>vi</sup> The Royal Commission on the Future of Health Care in Canada, November 2002. Senate Standing Committee on Social Affairs, Science & Technology, October 2002. The Health Council of Canada “*Modernizing the Management of Health Human Resources in Canada: Identifying Areas for Accelerated Change*”, November 2005.

<sup>vii</sup> Plante J, Ceolin R, Ouellette. *From Aspiring to Graduating and Working in a Health Occupation*. Statistics Canada. Education Matters: Insights on Education, Learning and Training in Canada, 2007.

<sup>viii</sup> The Economist, *The Battle for BrainPower – A Survey of Talent*, October 7, 2006.

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<sup>ix</sup> As set out in Bill C-39, An Act to amend the Federal-Provincial Fiscal Arrangements Act and to enact An Act respecting the provision of funding for diagnostic and medical equipment (Chapter 11).

<sup>x</sup> *A 10-Year Plan to Strengthen Health Care*, 2004. Page 3.

<sup>xi</sup> Refer to the section on the *Health Resources Fund* in footnote 2.

<sup>xii</sup> *Investing in our Most Important Assets – People...Creating A National Health Human Resources Infrastructure Fund*. Health Action Lobby, January 2008.

<sup>xiii</sup> In more specific terms, the HEAL proposal covers three areas: (1) the direct costs of training providers and developing leaders; (2) the indirect or infrastructure costs associated with the educational enterprise; and (3) resources that improve the country's overall data management capacity when it comes to health human resources.

<sup>xiv</sup> As an illustration, in its recent submission to the federal government's review of the Scientific Research & Experimental Design (SR&ED) tax incentive program, ACAHO recommended that "*That the federal government extend the SR&ED tax incentive program to cover pre-commercialization activities, including patenting, prototyping, product testing*". This, in part, would assist in reducing some of the risk absorbed by the private sector in developing and introducing new goods and products to the marketplace.

<sup>xv</sup> "*Our Paths to Prosperity...A Policy Road Map for Canada's Health Research, Innovation & Commercialization Enterprise*". ACAHO, April 2008.

<sup>xvi</sup> The Research Canada recommendation reads as follows: "Research Canada recommends that in the short term (2-3 years) the Government of Canada increases its investment in health research by \$350 million; and over the medium- to long-term, the Government of Canada, in partnership with academic, voluntary and private sectors and provincial governments, implements a systemic approach to Canadian innovation through the adoption of a comprehensive, integrated framework that supports the key success factors enabling the translation of discovery into health and economic impact."

<sup>xvii</sup> Over the past few months the Association has released the following reports: (1) "*Moving at the Speed of Discovery – From Bench to Bedside to Business*" (November 2007); "*Eureka! World First Discoveries and Other Major Medical Breakthroughs in ACAHO Member Institutions*" (March 2008); and "*From Microscope to Marketplace – Spin-Off Companies from ACAHO Member Institutions*" (May 2008).