



**OPENING REMARKS BY MR. JEAN BARTKOWIAK, PRESIDENT & CEO, SCO
HEALTH SERVICES, AND DR. ARTHUR SLUTSKY, VICE-PRESIDENT,
HEALTH RESEARCH, ST. MICHAEL'S HOSPITAL
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Thank you. I am Jean Bartkowiak, President and CEO of the SCO Health Service in Ottawa. I am joined by Dr. Arthur Slutsky, Vice President of Health Research at St. Michael's Hospital in Toronto.

We represent the Association of Canadian Academic Healthcare Organizations – which is the national voice of the Research Hospitals, Academic Regional Health Authorities and their Research Institutes.

You have received a copy of our written submission. For purposes of ACAHO's remarks we shall speak to three policy issues related to *capacity-building* and the 2004 Health Accord: health human resources; information & communications technologies, and health research & innovation.

Wait times are the barometer by which Canadians perceive the performance of the health system. Their very existence is closely linked to a range of other policy issues.

The Health Accord has contributed to a number of pockets of success where progress is being made when it comes to wait times, and others where more work is required. This has been noted in the Association's two reports on wait times (called "Wait Watchers") that identify a number of strategies to improve patient flow through in the system. That said, there are other areas where direct investments are needed. One critical area is the training, recruitment and retention of health providers.

The lack of available family physicians, specialists, nurses or technicians has a direct impact on the availability of health services. Limited operating revenues for teaching hospitals and/or regional health authorities can also impact on the number of surgical suites, as can restricted capital budgets limit the number of diagnostic and therapeutic pieces of equipment in use – not to mention existing and future wards.

If the prime objective of the health system is to ensure that Canadians have timely access to 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.

While the 2004 Health Accord has introduced the *Wait Times Reduction 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. In other words, they have likely been absorbed into the day-to-day operations of their health systems given there are no specific “strings”. Now is the time for renewed strategic investment in a shared policy area that will have a measurable and direct impact on wait times across the country.

More can and should be done to establish a pan-Canadian solution that focuses on producing more health care professionals across the country. 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. A copy of the proposal has been left with the Clerk.

In addition to human resources, investments in information & communications technologies (ICTs) 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.

ACAHO would encourage all levels of government to consider the additional investment that Canada Health Infoway requires, and its significant payback to the system and to Canadians.

I will now ask my colleague to make some closing comments on health innovation.

Thank you. I am the Vice-President of Health Research at St. Michael’s Hospital in Toronto, and home of the new Li Ka Shing Knowledge Institute.

An important component of the 2004 Health Accord recognizes the value of health research and innovation in at least three dimensions:

1. Improving the health status of Canadians;
2. Impacts on how cost-effective services are delivered; and
3. Producing world class discoveries that provide opportunities to leverage major economic benefit as well as health gains (as recognized in the government’s S&T strategy).

While significant investments in health research have been made by the federal government (e.g., for example, CIHR, Canada Research Chairs, CFI, and Indirect Costs, and others), 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.

On the threshold of a biotechnology revolution, ACAHO is concerned that any retrenchment in funding would have serious consequences on our ability to attract and retain world class researchers and advance 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. Let’s not go backwards.

Do we want Canada to fall out of step with 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 advancement and translation of knowledge?

Are we not interested in harnessing the multiple benefits that flow from health research and innovation?

What's required? A bold vision.

ACAHO's groundbreaking study "*Moving at the Speed of Discovery: From Bench to Bedside to Business*" provides 10 Calls to Action focused on implementation and a relentless pursuit of excellence which highlights ways in which members of ACAHO contribute and produce a "return-on-investment" for all Canadians – and the global community.

Any country that has not developed integrated systems of innovation that produce "value", will have diminished access to the great minds in the global race for talent, and will likely experience lower health outcomes, reduced quality of life and a compromised standard of living.

Thank you