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Healthcare Summit Spring 2023: Preparing for the Needs of the Future

The Economic Club of Canada's National Healthcare Summit is an annual event featuring policymakers, patient leaders, health system innovators, industry executives, and key government officials in conversation.

The 2023 Summit took place in Toronto, including five panels as well as opening remarks from sponsor, Merck Canada, a special address by Adam Van Koevorden, Parliamentary Secretary to the Minister of Health and the Minister of Sport, and closing remarks from Sylvia Jones, Ontario Minister of Health.

Moderators and panellists

- André Picard, Award Winning Author & Journalist, Health Columnist, Globe and Mail
- Dr. David Fisman, Infectious Disease Epidemiologist and Physician, Dalla Lana School of Public Health
- Dr. Malcom J. Moore, MD, Medical Oncologist, Princess Margaret Cancer Centre
- Dr. Matthew Chow, MD, Chief Mental Health Officer, TELUS HEALTH
- Dr. Sacha Bhatia, Population Health and Values Based Health Systems Executive, Ontario Health
- Dr. Sean Kidd, Clinical Psychologist, Senior Scientist and Division Chief of Psychology, CAMH
- Dr. Shawn Whatley, Munk Senior Fellow (Health Policy), Macdonald-Laurier Institute
- Dr. Stuart Edmonds, Executive Vice-President, Mission, Research and Advocacy, Canadian Cancer Society
- Dr. Talia Varley, MD, BSc, MPH, CCFP, Physician Lead, Advisory Services, Cleveland Clinic Canada
- Dr. Vivien Brown, MDCM, CCFP, FCFP, NCMP, Family Physician & Author
- Eva Villalba, Executive Director, Quebec Cancer Coalition
- Fred Horne, Senior Advisor, 3Sixty Public Affairs
- Gaby Bourbara, Vice President and General Manager, Alexion AstraZeneca Rare Disease in Canada
- Ian Stedman, Assistant Professor, Canadian Public Law & Governance, School of Public Policy & Administration, York University
- Jane Taber, Vice President, NATIONAL Public Relations
- Jennifer Chan, Vice President, Policy and Government Affairs, Merck Canada Inc.
- Jody Jollimore, Executive Director, CATIE (Canada's Source for HIV & Hepatitis C Information)
- Libby Znaimer, Vice-President of News and Information, ZoomerMedia, Host, Columnist
- Marwan Akar, President and Managing Director, Merck Canada
- Mike Colledge, President, Canadian Public Affairs, Ipsos
- Paula Allen, Global Leader Research & Client Insights, TELUS Health
- Trish Barbato, President and CEO, Arthritis Society Canada
- Zayna Khayat, Ph.D., Health Futurist, Deloitte Canada

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KEY IDEAS FROM THE 2023 SUMMIT

Innovating Cancer Treatment

- At some point in their lifetimes, half of all Canadians will receive a cancer diagnosis. As a major health issue facing our society, innovation is paramount.
- Over the last 25 years, five-year survival rates following cancer diagnoses have increased by 6 per cent. This has been achieved through gradual progress.
- Two important innovations over the last 10 ten years:
 - o Immunotherapy treatments that stimulate the body's immune system to fight cancer.
 - o First-line medicine, which is the idea of understanding individual genetics and in some cases using drugs to target those specific genes.
- Cancer numbers on the rise are reflective of Canada's large aging population
- Major challenge = the cost of intervention and cancer programs
- Major win = almost every cancer of the last 20 years, we've seen a significant difference in survival rate
- Innovations today include developing new diagnostics that detect earlier and which allow for a much more complete assessment of the patient and their cancer.
- The cost of new treatments, however, is going up and putting tremendous strain on the healthcare system.
- Patient engagement and education is another important area of development.

Rare Disease Policies

- How is healthcare policy written, applied, rationalized and modernized? The policy journey includes the engagement of legislators and politicians; healthcare professionals and stakeholders making arguments for innovation; the creation of activity-based funding opportunities; the formation of public-facing committees and complex governance strategies.
- Errors in decision-making happen across the chain but are highly visible in public-facing committee decisions. The threat of backlash for decisions can, and has, become the impetus in many cases for an unwillingness to innovate and try new things.
- Amid policy development and decision-making, it's the marginal groups, like patients with rare diseases, that fall between the cracks, leaving many patients and their families without access to research, adequate diagnostics, treatment and support.
- There is a major shortfall in funding, research, and access around the diagnosis, understanding, and treatment of rare diseases.
- In a healthcare system under immense strain, that already deprioritizes rare diseases, the result is closed door after closed door to new research requests and studies.

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- We need to care enough to effect change in policymaking and decision-making—the cheapest patient is a healthy patient.
- A vital innovation in future health policy and practices is the notion of building on the [value-based insurance design](#), a worldwide movement in healthcare design, and Canada is watching from the sidelines.

Forward Thinking Healthcare

- Thinking about the future means observing global examples or influences that might help us shift the way that we're thinking.
- Data has changed everything: Healthcare data is about a third of all data. That data is doubling every 73 days thereabouts—depending on the study. The new set of tools and the new set of interrogators and problem solvers of that data are not traditional researchers sitting in academic labs. Policymakers with the data are a whole other new set of problem solvers, and many of them are patients.
- Patients are emblazoned, they've got all the means of production, they have all the data, they can find each other, and now they have new co-pilots in AI and other technology that could one day be smarter than any of their clinicians will ever be.
- Empowering patients to be partners in their healthcare is a massive shift in thinking.
- In the private sector, community pharmacies are the closest to patients, why aren't we using them more?
- In clinics, hospitals etc. we need to be incentivizing the best care possible as an investment in the future health of our healthcare system.
- Using health data in a way that doesn't just respond to the means of healthcare professionals or the government, but that responds to the needs of the people using it—that's what's been missing in our healthcare system.
- Understanding data and how to use it is imperative because sometimes we try to use data when it isn't the answer i.e. transforming emergency rooms based on data alone, which doesn't work.

Lessons learned from the pandemic

- Data is also the cornerstone of post-pandemic thinking in healthcare.
- Vaccination matters. Doctors have seen the deaths from vaccine-preventable diseases, ergo they are aggressive about preventative medicine and have to be very clear with patients about vaccination.
- In general, one of the greatest challenges of the pandemic was understanding the communication issues. If the public understands what the issues are, the majority of people are

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ready and able to take vaccines. But pandemic communication was inconsistent, fragmented, and highly politicized.

- Research shows that vaccine hesitancy means people want education. Vaccine refusal represents a very small number of people.
- We still aren't getting vaccines and access to healthcare education to marginalized segments of our society. Marginalized people in Canada didn't experience higher rates of Covid, they experienced higher rates of severity. Vulnerable and marginalized people were hit the hardest, exposing profound and systemic inequity in Canada.
- We compare ourselves to the U.S. and pat ourselves on the back, but we shouldn't, because we too fail the vulnerable and marginalized people in our society. Covid showed us that, for example, if you are Black and poor in Canada, your risk of death from Covid is 400 per cent higher than if you're non-Black, non-poor.
- Identifying marginalized segments of our society and building infrastructure to serve their healthcare needs is the path forward, and the subsequent, more equitable distribution of resources.
- Medicare rests on the principle of equal access. We've had Medicare for 50 years. Is it possible that Medicare is structured to prevent equal access?
- Primary care networks = important idea. Currently, our primary care system isn't a system at all. It's a collection of thousands of individual businesses that operate independently. What we learned in the pandemic is we need our system to function like a system.

Mental health ideas & solutions

- Throughout the pandemic, we effectively began developing a mental health index that helps us understand very specifically where the mental health is at of the working population.
- What's surprising is that awareness, especially in the employer space, is at an all-time high. But the risk of backsliding when it comes to corporate mental health is also at an all-time high. We are living in a period of economic uncertainty. And for some companies, and some leaders, one of the first things on their chopping block is mental health.
- We need to be steadfast in the progress we had begun making in mental health before the pandemic and keep progressing.
- "An ounce of prevention is worth a pound of cure" – the adage applies to mental health. We need to develop and widely implement preventative mental health ideas, policies, and strategies. The caveat is that we won't see immediate impacts, we will see the impacts in the long term, when the next pandemic or a similar disruption hits, in our collective ability to cope and sustain our mental health and prevent a healthcare collapse.
- People are tired, burnt out, and very different coming out of the pandemic. Labour shortages are exacerbating the sense of fatigue and lack of direction in managing a post-pandemic workforce. Potential mitigations and solutions include the notion of an "emergency economic response" to

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societal fatigue and mental health crises. We need a whole system response including adequate funding for mental health and addiction care; and organized care for those in need.

- Noted [New York Times columnist Thomas Friedman examines the impact of what he refers to as global accelerations](#)—changes involving markets, the Earth’s climate, and technology—all of which are reshaping social and economic life in powerful ways. Our mental health system needs to act as a true system instead of a fragmented and frail network. It must support us, help us cope with the acceleration of change that we’re living through, and prevent illness.