

Dr. Jeanne Besner, Chair
The Health Council of Canada: Countdown to 2014
Stakeholder Breakfast
Monday, February 22, 2010
7:45 a.m.

Good morning, bonjour.

It is wonderful to see so many familiar faces here this morning. Thank you for taking the time to join me, my fellow Councillors and staff of the Health Council of Canada for this breakfast. Since Council is holding its regular meeting in Ottawa this week, we felt this would be an opportune time to provide you with a brief update of where the Health Council is at and where we are going over the next several years.

As you know, what First Ministers envisioned when they signed the Health Accords of 2003 and 2004 was that with substantial financial investment over a ten year period, we would see improvements in the *quality, accessibility* and overall *sustainability* of our publicly-funded health care system. The priorities for action underlined in the Accords were aimed at promoting a reduction in health disparities, a strengthened health care system and, in turn, a healthier Canadian population.

In the seven years that have since passed, everyone in this room has contributed to the discussion on what needs to be done and what is possible to achieve in these three very broad areas. Immense work has gone into addressing some very difficult challenges in health care delivery: to reduce wait times for critical surgical procedures; to reduce pressure on hospital emergency rooms or, to improve health information systems in Canada.

Advances in primary health care such as collaborative team-based care are beginning to show results, especially in the area of chronic disease management. We have reported extensively on this area and, as recently as last month, held a deliberative dialogue at McMaster University on the remaining challenges to ensure primary health care is strengthened in this country. Primary health care reform has lagged in Canada, compared to other countries monitored by the Commonwealth Fund and the Organization for Economic Cooperation and Development. The Health Council, through analysis of data, literature reviews and engagement of key stakeholders, is poised to report to policy makers and Canadians on what can be done to unlock the primary health care gridlock. We know what works, we know what to do, and we need to get on with doing it.

A focus on quality of care and patient safety has seen such organizations as the Canadian Patient Safety Institute take root and flourish, while the Canadian Agency for Drugs and Technology in Health has brought new rigour to the area of pharmaceuticals management and health technology assessment.

The entire health care system has been undergoing change as a result of government commitments made seven years ago and there is no lack of engagement, but I think we can agree that issues of access, quality and sustainability continue to dominate health care and the pace of progress sometimes seems a lot slower than it could or should be.

Although we know that change is difficult, the Accords have provided roadmaps, and subsequent work by F/T/P task forces and other mechanisms have laid down more substantive means to move forward. For example, there are established frameworks for action such as the Pan-Canadian Public Health Network and a Framework for Collaborative Pan-Canadian Health Human Resource Planning. However, these and other frameworks need to be utilized and kept current if we are to support meaningful change across all levels of our health care system.

That being said, by 2014, if we keep up the momentum, we will be in a stronger place -- although we will have merely come to the end of the *first leg* of an important journey. It is crucial that we take stock at this point and focus on the BIG question(s): **What remains to be achieved through the Health Accords and subsequent initiatives to improve the affordability and effectiveness of each of Canada's health care systems? Where are the gaps, and how can we address them individually, as well as collectively?**

As we look ahead, I would like to bring you up to date about the Health Council of Canada: a little bit about our past, and more about our future. I want to share with you how we plan to assist governments at all levels and work with you on the journey ahead.

Today, we are pleased to announce the successful conclusion of the review of the Council's mandate and governance structure which started *quite some time ago*. Thanks to significant efforts by the lead province Nova Scotia, other jurisdictional representatives and Health Canada, our Members (the Ministers of Health) have endorsed a plan that revises our mandate and streamlines our governing Council structure. In addition, we have received approval of a five-year funding agreement to support the Council's operations and ongoing program and reporting activities.

We have been given explicit direction to focus our efforts on showcasing and disseminating effective best practices and innovation in program and service delivery on a broader scale. In doing so, the Council can meet its mandate to provide relevant information to Canadians on how the health system is performing and more importantly, how it can be improved through the adoption of best practices drawn from international, national, regional and local examples.

In the 'early days', the Health Council adopted a reporting strategy in large part focused on how the individual jurisdictions were complying with the Accords. Over time, we moved away from jurisdictional comparisons and 'compliance' with Accord commitments to periodically report on issues from a system-wide perspective (such as primary health care). Under this approach, the Council has been able to more effectively engage the jurisdictions and to involve the stakeholder community more broadly. We have and will continue to focus on best practices and innovations that 'shed a light' on possible solutions to the barriers and challenges that remain in implementing the key elements of the Accords. Through this approach, the Council is able to highlight not only the changes that are working, but also what conditions and circumstances support these changes so that others may learn from them.

In the coming year, we will focus our work on two key themes: population health and health system performance. Areas of specific focus will be health promotion and disease prevention, Aboriginal health and Canada's aging society. We will also continue our work in the areas of primary health care, pharmaceuticals management, health human resources, wait times, health information systems and home care. We will concentrate on identifying and promoting best practices in program design and models of service delivery to improve outcomes in these areas.

In preparation for 2013 -14, we need to let Canadians know there is work still to be done and lay out some specifics to address gaps. But, we cannot do it alone. We will continue to leverage the work of other agencies to achieve our mandate. Where we can work together with others, we will, and where others are doing an exemplary job – and there are many instances where this is the case -- we will showcase their work. By working together, we can assist governments, providers, health agencies and the public achieve our shared goal – a world-class health care system meeting the health needs of all Canadians.

While I have skimmed the surface of the Health Council's activities, we hope that you see opportunities for further collaboration in our work.

We all have a contribution to make in answering the BIG questions leading up to 2014 -- to ensure that our collective perspectives are heard. The Health Council of Canada looks forward to working with you along the way.

Thank you for joining us this morning.