THE CANADIAN ALLIANCE FOR SUSTAINABLE HEALTH CARE (CASHC)
MEMBERS MEETING SUMMARY NOTES

November 30, 2015
1:30 PM - 4:30 PM EST
Intercontinental Toronto Centre Hotel
Toronto, Ontario

Context

The Canadian Alliance for Sustainable Health Care (CASHC) was first established in early 2011 with the inaugural meeting held in Toronto at the Deloitte offices. With the support of over 30 members, CASHC has conducted relevant research and impactful knowledge translation and exchange activities over the past five years.

CASHC members meet twice each calendar year in the spring and fall to discuss CASHC’s strategic directions. These meetings also serve as opportunities for CASHC members to connect with each other and with the Conference Board researchers. It also allows for the exchange of ideas to enhance CASHC’s contribution to a more sustainable health system.

This year’s fall meeting was followed by a networking dinner and keynote presentation. The invited keynote speaker was Dr. Joshua Tepper, the President and Chief Executive Officer of Health Quality Ontario (HQO).

The aim of the Canadian Alliance for Sustainable Health Care is to provide Canadian business leaders and policy-makers with insightful, forward-looking, quantitative analysis of the sustainability of the Canadian health care system and all of its facets. CASHC facilitates open dialogue regarding this research and its implications, with a view to improving the Canadian health system as a whole, as well as health care practices within firms and organizations. The work of CASHC helps Canadians to better understand the conditions under which Canada’s health care system can be made sustainable—financially and otherwise.
Meeting Participants and Objectives

Please refer to Appendix A for a list of meeting participants.

The meeting objectives were as follows:

- To briefly review CASHC’s activities for 2015-16;
- To discuss four possible scenarios for health care funding futures from the strategic foresight workshop in October; and
- To engage in a strategic discussion about the Road Map to Health System Sustainability.

CASHC Activities Update

To date, CASHC has produced 51 research publications, 23 webinars, 10 strategic investor meetings, and 9 health conferences. Its annual media impressions exceed 75 million. CASHC currently has 35 investor members.

Research

Over the last year CASHC has primarily been working on the following research projects, many of which are ongoing:

- Health Care in Canada: An Economic Growth Engine (ongoing)
- Inclusive Growth: A New Approach to Economic Evaluation of Health Policy (in publishing)
- Moving Ahead: Taking Steps to Reduce Physical Inactivity and Sedentary Behaviour in Canada (completed)
- Moving Ahead: Workplace Interventions to Reduce Physical Inactivity and Sedentary Behaviour (completed)
- Mapping the Journey – Success and Failure with Lean (completed)
- Feeling at Home? A Survey of Canadians on Senior Care (EKOS Survey) (in review)
- Future Care for Canadian Seniors: A Status Quo Forecast (completed)
- The Footprint of Mental Health Conditions: Healthy Brains at Work (ongoing)
- Multiple Sclerosis in the Workplace: Tackling the Burden of Disability (in review)

There are now sufficient projects in the research plan to fill the research pipe going forward into 2016 (5-year milestone). The 2015-2016 Progress Report includes a full list of these research projects. We are currently working on writing a milestone compendium report, tentatively titled “A Road Map to Health System Sustainability”.
Meetings and Events
This year’s CASHC member meetings and special knowledge translation and exchange events included the:

- November 30, 2015 meeting at the InterContinental Toronto Centre Hotel, which focussed on CASHC’s activities and research plans for 2015-16 and the strategic foresight scenarios produced in the October 14 workshop. A keynote addresses was given at the networking dinner by Dr. Joshua Tepper, family physician and President and Chief Executive Officer of Health Quality Ontario (HQO)

- October 14, 2015 Strategic Foresight Workshop, How will Health Care in Canada be Funded in 2035?, which was hosted by Peel Public Health in Mississauga

- May 21, 2015 meeting at the CPA Meeting Facility, Harbourfront Rooms in Toronto, which focussed on strategic discussions around the future of the Canadian health system and how this impacts CASHC’s activities going forward. A keynote address was given at the networking dinner by Dr. Danielle Martin, Vice-President of Medical Affairs and Health System Solutions at Women’s College Hospital, and faculty member at the University of Toronto

- May 11-12, 2015 Western Health Summit on Making Change That Makes a Difference

- April 30 – May 1 meeting at The Old Mill Hotel in Toronto, Ontario, on “Transportation and Healthy Aging: Issues and Ideas for an Aging Society”. A keynote address was given at the networking dinner by Glen Miller, Vice-President, Education and Research at the Canadian Urban Institute

- November 28, 2015 meeting at Deloitte & Touche LLP in Toronto on sustainable health system models and upcoming CASHC priorities

- October 23-24, 2014 Health Summit on Aging, Chronic Disease, and Wellness

- May 6 – 7, 2014 meeting at the Brookstreet Hotel in Kanata on “Nudging’ Toward a Culture of Wellness”

In 2015/16 CASHC is also producing a series of regional workshops in Toronto’s Queen’s Park on “Future Care for Ontario Seniors”, the “Economic Footprint of Mental Health Conditions in Ontario”, and “Innovation Procurement.”

Healthy Canada Series
This year, CASHC introduced the Healthy Canada conference series, chaired by André Picard, Public Health Reporter for The Globe and Mail. The first conference in the series, Financial Models and Fiscal Incentives in Health and Health Care, took place on December 1, 2015 at the InterContinental Toronto Centre in Toronto. It featured plenary sessions on:

- Fiscal Health: Canada’s Economic Outlook
- Bending the Cost Curve in Canadian Health Care
- Funding Models in Health Care Delivery
• The Movement Towards Integrated Funding Models
• Financial Incentives in Health Innovation
• Financial Incentives to Promote Healthy Behaviours
• Rewarding Consumers and Businesses to Promote Healthy Active Living
• Next Generation Healthcare – An Innovative Approach to Sustainability

The second conference in the series, *Healthy Brains Across a Lifespan*, will take place on March 2, 2016 at the Old Mill Toronto, and the third conference in the series, *Future Care for Seniors*, will take place on May 12, 2016 at the InterContinental Toronto Centre. Event, agenda, and speaker details can be found on the CASHC website.

**Webinars**

This year, CASHC shared its research findings with a broader audience through a series of webinars, including:

- “Habitudes de vie plus saines : des avantages considérables pour l’économie du Québec et la santé de ses citoyens” with Louis Thériault, Vice-President, Public Policy, The Conference Board of Canada
- “The Future Supply and Demand of Care for Canadian Seniors” with Greg Hermus, Associate Director, Forecasting & Analysis, The Conference Board of Canada; and Carole Stonebridge, Senior Research Associate, Health Economics, The Conference Board of Canada
- “LEANing Towards Success—Achieving Greater Efficiency Through Transformational Change” with Jennifer MacKenzie, Chief Operating Officer, Richmond
- “Healthy Brains at Work: How Top Employers are Improving Mental Health” with Greg Sutherland, Principal Economist, CASHC; and Louise Chénier, Manager of Workplace Health and Wellness Research, The Conference Board of Canada
- “Seniors Residential Care in Canada: Can We Afford It?” with Philip Astles, Senior Research Associate, Health Economics, The Conference Board of Canada
- “Are the Kids Alright? A 24-Hour Movement Guideline for Healthier Children and Youth” with Mark Tremblay, Director of Healthy Active Living and Obesity Research, the Children’s Hospital of Eastern Ontario Research Institute
- “Health and Home: An Overview of Senior Care in Canada” with Philip Astles, Senior Research Associate, Health Economics; and Brent Dowdall, Senior Manager, Research and Business Development, The Conference Board of Canada
- “Medical Tourism: An Opportunity for Canada?” with Dr. Ronald Labonté, Canada Research Chair in Globalization and Health Equity and Professor, University of Ottawa
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- “Healthy Active Living: Is An Ounce of Prevention Worth a Pound of Cure” with Thy Dinh, Associate Director, Health Economics, The Conference Board of Canada;
- “Learning Canadian Health Care” with Jennifer MacKenzie, Vice-President, Strategic Planning, Transformation Support & Innovation, Provincial Health Services Authority, British Columbia
- “Health Care Sustainability – More Than a Fiscal Matter” with Louis Theriault, Vice-President, Public Policy, The Conference Board of Canada

Strategic Partnerships

This year, CASHC has partnered with a number of organizations to advance its research and communications. Key partnerships in strategic areas include:

- Healthy Active Living: ParticipACTION, Healthy Act Living and Obesity Research Institute, University of Alberta, Queens University, Canadian Society for Exercise Physiology, Public Health Agency of Canada
- Healthy Brains: Mood Disorders Society of Canada, Canadian Depression Research Intervention Network
- Injury Prevention: Parachute Canada, Mental Health Commission of Canada, York University
- MS in the Workplace: MS Society, Canadian Council on Rehabilitation and Work, Roche Canada
- The Inclusive Growth Framework: Measuring the right Outcomes for Better Decision-Making: Centre for the Study of Living Standards
- Health Care in Canada: Economic Growth Engine: University of Ottawa
Strategic Foresight Workshop on Health Care Funding in 2035

Strategic foresight uses multiple, plausible scenarios to explore the future. Rather than functioning as a predictive tool, it prepares for a range of plausible, alternative futures, not just the expected future. It is designed to help decision-makers prepare for a range of possibilities, shift toward a future they would prefer, as well as recognize and adapt to events and trends that may point toward a specific future. Decision-makers use it to develop more robust strategies and policies.

In response to CASHC member requests to explore future health care funding, CASHC organized a special strategic foresight workshop on October 14, 2015, which asked the question: How will health care in Canada be funded in 2035? Workshop participants were selected from a diverse range of organizations to represent unique, expert viewpoints. These participants identified key drivers affecting health care funding, explored how they could develop in the future, and developed four scenarios based on the top two drivers:

1) **Technology uptake**: whether technology will take a larger role in health care delivery, resulting in a reduced reliance on health human resources

2) **Funding expectations**: whether Canadians expect the majority of health care funding to come from public payers (government) or private payers (employer, private insurance, or out-of-pocket)

These drivers generated four scenarios:

1) **A taxing health care system**: with high technology use and high public funding

2) **Paying for your health**: with high technology use and high private funding

3) **Health care with a human touch**: with low technology use and high public funding

4) **The health care warehouse**: with low technology use and high private funding

Additional key drivers which informed the scenario development included federal and provincial roles and responsibilities, the fiscal...
climate, health care payers, innovation, and the social determinants of health.

The scenarios did not provide a clear picture of who (the public or private sector) should bear the burden of health care funding in Canada, as success is possible in a number of models. However, they did highlight a number of key factors that all future funding models need to take into account:

- **Willingness to pay:** Whether it was through acceptance of higher taxation, paying for private health care provisions, or leaving the country to access specialist health care options, the willingness of Canadians to pay for their health care - directly, or indirectly through taxation - shaped all of the scenarios. A key issue we need to determine for the future of health care funding is how much Canadians are actually willing to pay for health care, as this will have a profound effect on how the issue shapes up in the future.

- **Trust in the health care system:** Trust in the health care system also emerged as an issue. Will Canadians trust that their increased taxes are efficiently used by the health care system or will they reject certain health care provisions due to data breaches or poor service? The overall willingness of Canadians to pay is closely linked to trust in the health care system, which needs to be factored in.

- **Innovation:** Canada has the potential to be a leading light in health care innovation, which can be spurred through the public or private sector. However, some scenarios show that Canada could just as easily lag significantly. With the increasing costs of health care provision, any future health care funding model needs to address how innovation will be encouraged, regardless of whether the public or the private sector is footing most of the bill.

- **Federal leadership:** In all of the scenarios, leadership from the Federal government and whether it takes a lead in funding or simply steps back from the entire issue played a key role in how the scenarios played out. The Federal government also played a critical role in regulation and oversight, regardless of whether they were the primary funder for health care. Whether the main source of funding or not, Federal, Provincial, and Territorial governments will have a major role to play in the future of Canadian health care.

- **Access:** Two of the scenarios highlighted the issue of access to health care, particularly for Canadians who may not be able to pay for themselves. A major issue we will need to consider in any future health
care funding model is what happens to those who may not have the means to take care of themselves.

While there is no certainty that we are moving toward any of the scenarios described, we can draw some insights into strategic elements that must be considered regardless of how our world evolves. The scenarios also suggest priorities that Canadians should consider if they wish to tilt the odds in a particular direction. The choices we make will determine health system sustainability – during our own lifetimes and for generations to come. It is not as simple as looking at a split between government and private funding for health care, as successful outcomes are possible regardless of the funding source. Instead, we need to pay attention to the key observations listed above, as they will play a major role and should be taken into account when we look at how health care funding will be structured in the future.

In the open discussion following the presentation of the scenarios, CASHC members made a number of suggestions for leveraging the insights generated through this initial strategic foresight workshop on health care funding. These included:

- **Valuing the process**: Members who participated in the workshop saw great value in the process of scenario generation. A variety of health system stakeholders were specifically selected to create groups with diverse views and perspectives. Many CASHC members found their table discussions to be both “mind-opening” and “thought-provoking”, and reported leaving the meeting with a greater understanding of the key issues from other stakeholder perspectives. They also found the process of scenario generation to be particularly effective at identifying key health system drivers and were eager to bring some of the process techniques back to their own organizational planning discussions.

- **Identifying future topics**: Workshop participants expressed interest in delving deeper into the critical question of exactly what we are paying for with our health care funding – and determining whether we are getting real value for money invested. They noted that identifying what we are paying for is a critical aspect of each of the key elements identified through the scenario generation – an aspect that requires further examination in any future health care funding strategy. Additional areas of interest included comparing funding models, health system (re-)design and functioning, workplace mental health, social determinants of health, and federal government involvement.

- **Generating action**: CASHC members want to further explore how the
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insights generated in the strategic foresight workshop can be applied to CASHC’s roadmap and broader research planning process. They suggested additional discussion on how generating scenarios like these can contribute to real funding reform, and how to develop action plans based on the scenario outcomes. A large portion of the November 30th meeting also focused on increasing CASHC’s policy impact and communicating key research findings (such as those identified in the strategic foresight workshop process) with a broader audience.

Although strategic foresight does not predict a specific future, it enriches our understanding of key issues and generates valuable insights for decision-makers to consider when tackling complex challenges. The insights generated in CASHC’s first strategic foresight workshop on health care funding will inform elements of the planning process as CASHC moves into the next phase of its research mandate.

CASHC Compendium Report – Milestone Deliverable

A report that integrates CASHC’s research findings and the insights from CASHC members and other experts will serve as the basis of the CASHC 5-year compendium report. The objective of this report is to lay the groundwork for more impactful and action-oriented work for the second generation of the initiative. This report will outline CASHC’s plans on how to operationalize its mandate going forward.

The final compendium report will include an overview and summary of the CASHC research from 2011-2016. There will be discussion regarding the strengths (including the impact) of the work, but the report will also highlight the remaining gaps and opportunities for CASHC to address in the second generation of the initiative (CASHC 2.0). The work on informing the “Road Map to Health System Sustainability” will be included in the compendium report. We would like to engage a high-profile person to help write and/or launch this report. We would ask CASHC members to serve as advisors for this final report.
Identifying Research Priorities and Increasing CASHC’s Impact

As CASHC embarks on a new research mandate, members were asked to engage in a strategic discussion about the Road Map to Health System Sustainability. The following section summarizes some of the key suggestions from the resulting dialogue.

Increasing CASHC Member Involvement

A few members suggested that CASHC look for ways to more actively engage member organizations. They would like to see CASHC better leverage its member organizations – not only through its research and activity plans, but also through the communication of important research findings. They would like to see their role as health advocates integrated in CASHC’s framework.

Fostering New Strategic Partnerships

CASHC members value the Conference Board’s ability to bring diverse stakeholders working towards improving health system sustainability together. In addition to the strategic and ongoing partnerships that CASHC has already established, some members suggested looking at potentially unconventional partnerships that are emerging in the health care space (e.g., with the automotive industry, department stores, universities, etc).

Tightening the Research Focus

Members would like CASHC to continue to capitalize on the Conference Board’s expertise in key areas (such as economic modelling, forecasting, making the business case, workplace mental health, etc). They value CASHC’s ability to engage both public organizations and private employers, identify best practices, and make recommendations that organizations can act on.

They suggested tightening CASHC’s research plan by clearly articulating what CASHC stands for, identifying two or three linked areas that best leverage the current member base, and focusing on research questions that identify pathways to answers. They suggested CASHC consider which research studies had the greatest response and which ones might best lead to future research. They also highlighted the importance of identifying how to best sequence the research, reports, press releases, and other communications over the next several years to maximize impact.

Exploring Other Areas of Interest

Because the health space is quite crowded, CASHC needs to continue to fill a unique value-added research niche. CASHC members believe it is valuable to consider the new priorities of the federal government. They also suggested several specific areas of interest for future research work:

- **Health system design and functioning**: members are interested in improving system design, administration, and management. Since Canada doesn’t seem
willing to let inefficient health systems fail, improvements that organizations can spread and scale are of particular importance.

- **Funding models**: CASHC members noted that different health services require different funding models (one homogeneous package does not work for all aspects of the system). Members would like CASHC to further explore different health care industry business models that could be applied in Canada.

- **Workplace mental health**: CASHC members noted that workplaces and workers’ compensation boards are struggling to handle mental health issues in the workplace. They would like CASHC to continue its research on improving employee health, engagement, and productivity.

- **Social determinants of health**: CASHC members continue to raise social determinants as a key driver in health system sustainability. They stressed the importance of things such as water, housing, and education in shifting health system focus to prevention rather than end treatment. A potential collaboration with the Conference Board’s Centre for the North (CFN) on Aboriginal health was also suggested.

### Increasing CASHC’s Communication and Impact

The largest portion of the afternoon discussion focussed on how to increase the impact of CASHC’s research findings by moving beyond promoting awareness and basic knowledge dissemination. CASHC members were particularly interested in driving change and moving findings from research to action. They noted that identifying what impact CASHC would like to achieve (e.g., influencing policy makers, employers, and/or individuals) should play a role in research theme selection and finding rollout. They stressed the importance of making actionable policy recommendations, changing public perception, and keeping key research findings in the public consciousness. To do so, they recommended CASHC look for ways to make the public a partner in generating change.

They also recommended greater involvement of stakeholders who would like to make specific changes – stakeholders who can set CASHC up for success by helping to get the message out and advocating that recommendations be implemented. An integral part of the communications strategy would also involve leveraging CASHC member organizations to help increase awareness and move recommendations into public discourse through their network and social media connections. CASHC Members also mentioned the importance of strategically targeting different demographics in the
broader population (e.g., moving beyond the executive level), and educating the next generation – youth who have energy as well as technological and innovative potential.

Members noted that CASHC could further increase its impact by presenting key research findings in smaller, more accessible, and publicly digestible pieces – pieces disseminated by a visible spokesperson. They noted that larger studies (e.g., larger reports with more than eight conclusions) are less likely to be read by a broader audience. They recommended developing a multi-faceted social media strategy with a more interactive on-line presence that capitalizes on applications like Twitter and visual formats such as maps and infographics. They recommended CASHC continue to look for the best opportunities for impact through a variety of research, event, and engagement activities.

Feedback

CASHC received nine completed evaluations for our November 30, 2015 CASHC members meeting. The average ratings were 4.2/5 for the welcome and high-level CASHC update, 4.6/5 for the strategic foresight workshop scenarios, 4.3/5 for the road map update, 4.4/5 for the open discussion and feedback, and 4/5 for the meeting facility.

Many respondents commented on the quality of the member feedback generated. The meeting aspects they most enjoyed were the strategic foresight workshop presentation and open discussion on CASHC’s research plan. Some also expressed interest in hearing more about the Conference Board’s impacts on policy and other areas.
Notices

**Healthy Canada Conferences**

To register for the March 2, 2016 [Healthy Brains Across a Lifespan](#), or the May 12, 2016 [Future Care for Seniors](#) conferences, contact Emily Hayward at [Hayward@conferenceboard.ca](mailto:Hayward@conferenceboard.ca). Please refer to your CASHC member benefits for the number of complimentary passes available to your organization.

**CASHC Spring 2016 Meeting**

The next CASHC members meeting will take place on May 11, 2016 at the Intercontinental Toronto Centre. The meeting will run from 1:30 – 4:30 pm in the Humber room and the networking dinner that follows will run from 5:30 – 9:30 pm (location TBD).

To register for the spring members meeting and keynote dinner, please contact Jessica Brichta at [brichta@conferenceboard.ca](mailto:brichta@conferenceboard.ca). If you are interested in hosting a future CASCH members meeting, please let us know.

**Healthy Brains Across a Lifespan Conference**

The second conference in our [Healthy Canada](#) series will take place on March 2, 2016 at the Old Mill Toronto. The conference website contains additional agenda and speaker details.

**Member Communications**

As always, we appreciate your constructive feedback on how we can do better, and are looking at ways to better inform and engage you. Please feel free to contact us (see below) if you have any questions, comments, and/or suggestions.

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In his keynote presentation at the CASHC networking dinner, Dr. Joshua Tepper opened with a story of a colleague’s high-risk patient whom the health system failed. Although health professionals at every contact point provided excellent care, the system as a whole failed to provide the quality and coordination needed to save the patient’s life. This story highlights two key problems with health care in Canada: that large variations in care exist\(^1\) and that our health system currently lacks appropriate quality measures to ensure that many patients (especially high risk ones) receive the care and support they need.

So what is driving the quality agenda? To answer this question, Dr. Tepper outlined key dimensions of quality, including the triple aim of health care (improving the patient experience, improving the health of populations, and reducing the per capita cost of health care) and the six dimensions for improvement identified by the Institute of Medicine, which specify that health care should be: safe, effective, patient-centered, timely, efficient, and equitable.\(^2\) Based on these elements, Dr. Tepper then outlined five key steps Canada must take to ensure that best practices are implemented and become the normative standard of care for everyone. To support quality improvement, we need to:

1) **Give people the skills they need**
   In Canada, we are slowly improving at giving people data, but bad at teaching them how to improve based on the data. For example, all health program graduates should know how to use basic quality improvement tools (e.g., the Plan Do Study Act cycle, fishbone diagrams, run charts, etc) upon graduation. Without the skills to improve, we are not giving clinicians the tools they need.

2) **Adopt Electronic Health Records and Information Technology Systems**
   Technology has the potential to revolutionize our health system, yet historically, Canada lags behind other OECD countries in Emergency Medical Record (EMR) adoption in primary care. EMR adoption needs to be strategic –

\(^1\) Additional examples include smoking cessation rates (with large variations based on urban/rural, low/high education, income, and language proficiency), anti-psychotic use in long-term care facilities (many without a proper diagnosis), non-complication c-section decisions, and non-malignant hysterectomies. These variations show the importance of looking at granular data instead of merely relying on averages.

systems need to be able to talk to each other, providers and patients need to be involved at the beginning (for effective co-design) and be able to access the records electronically, and overall design needs to be tightly aligned to specific outcomes (e.g., differentiate between quality improvement and process reporting).

3) **Look at systems, not sectors**

Health data and governance in Canada is currently designed around part of a system, rather than integrated systems. We need to move from sector to system planning in a dramatic way, as quality improvements require partnerships that extend beyond specific health teams (for example a 75 year old with chronic conditions and 20 medications, a 45 year old with mental health and addiction issues, and a 25 year old with a severe brain injury all require the co-ordination of different sets of health and social services). In the case Dr. Tepper mentioned, better coordination and information sharing between the hospital, family doctor, detox centre, and case worker were needed to prevent the patient’s death. Dr. Tepper’s own health team includes a lawyer, accountant, and social workers to help patients with issues (e.g., housing) that impact their health. Canada’s health care system needs more intersectoral connections so the health care system is not continually forced to deal with the failure of other social systems.

4) **Discuss and learn from failure**

Although other professions (e.g., business or engineering) talk about failure,\(^3,4\) the health care profession tends to focus on perfection and success, which doesn’t allow for honest conversations. When failures aren’t shared, others could continue making the same mistakes.\(^5\) To help change how failure is treated in health care, Dr. Joshua Tepper and Dr. Danielle Martin organized Canada’s first conference on failure in health care: *Failure: Facing it, Embracing it, Learning from it.*\(^6\) Aspects of our health system are failing us right now, but without admitting it, we can’t learn from it or improve. Part of the path to better is learning how we fail. We need to create safe, respectful places that support all involved to be able to share, learn, and improve when things don’t go well.

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\(^3\) Engineers Without Borders produces a report on both successes and engineering failures. They also debrief at “fail fests”.

\(^4\) Danielle Martin, *Scaling Up – at TEDxStouffville*. https://www.youtube.com/watch?v=xa4PNZImQSo

\(^5\) For example, the death of a patient led one hospital to both a re-design of its process system so shunts and IVs could not physically connect or be confused, and a culture change that improved the speed at which health workers called for help. While the mistake that led to the patient’s death will never again occur at that particular hospital, the same mistake could be made at other hospitals which have not heard of this failure.

\(^6\) Health Quality Ontario, *Failure Conference*. http://www.hqontario.ca/Events/Failure-Conference
5) **Recognize the importance of leadership**

To improve health care, leadership is needed at all levels – at the micro/clinical, the meso/regional, and macro/provincial government/health authority levels. Leaders are needed at each level to support quality improvements – leaders who make quality their goal – at the front line, boards/governance, and systems levels. However, appointing quality leaders does not mean that others should ignore the quality imperative, as improving health quality should not be considered extra work, but *the* work.

Quality improvement in health care is one of the greatest opportunities of our generation. Collectively, we can ensure that care tomorrow is a bit better than today, and the day after a bit better than tomorrow.
Appendix A: CASHC Meeting Participants

**CASHC Members**

Owen Adams  
Chief Policy Advisor  
**Canadian Medical Association**

Danielle Barreto  
Federal Affairs and Health Policy Intern, Government Affairs and Market Access  
JANSSEN Pharmaceutical Companies of Johnson & Johnson Inc.

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**Canadian Dental Association**

François Dion  
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Eileen Dooley  
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Paul Eagan  
Chief Medical Officer  
Workers’ Compensation Board of Nova Scotia

Susan Eng  
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**CARP**

Peter Gove  
Innovation Leader, Health Management  
**Green Shield Canada**

Gerry Harrington  
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**Consumer Health Products Canada**

Maureen Hazel  
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**Johnson & Johnson Medical Companies**

Karen Herd  
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**Scotiabank Economics**  

Eugene Wen  
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**Workplace Safety and Insurance Board of Ontario**  

Connie Wong  
Senior Manager, Private Markets  
**Pfizer Canada Inc.**  

Janet Yale  
President and Chief Executive Officer  
**The Arthritis Society**  

The Conference Board of Canada  
Louis Thériault  
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Thy Dinh  
Associate Director, Health Economics  

Satyamoorthy Kabilan  
Director, National Security and Strategic  

Christopher Duschenes, Director, Northern and Aboriginal Policy, Centre for the North  

Greg Sutherland, Principal Economist, Canadian Alliance for Sustainable Health Care  

Carole Stonebridge, Senior Research Associate, Health Programs  

Philip Astles, Senior Research Associate, Health Innovation  

Jessica Bricha  
Research Associate II, Health Economics  

Alexandru Dobrescu, Research Associate and Analyst, Health Economics