



- QUESTION & ANSWERS -

“THREE MISSIONS, ONE FUTURE...OPTIMIZING THE PERFORMANCE OF CANADA’S ACADEMIC HEALTH SCIENCES CENTRES”

1. WHAT LED TO THE DEVELOPMENT OF THE REPORT?

More than six and-a-half years ago, twenty-two national health organizations agreed that it would be important to undertake a review of Canada’s Academic Health Sciences Centres (AHSCs) in light of the series of reforms and policy issues that are having an impact on its integrated mission of providing patient care, education and research. The primary funder for this report was Health Canada.

While there have been a number of federal, provincial and territorial reports that have focused on the need to reform the health system, there has been little attention devoted to the role of Canada’s Academic Health Sciences Centres. The last significant review that was focused on AHSCs in Canada occurred in the early 1990s.

2. WHAT IS THE PURPOSE OF THE REPORT?

The purpose of the report is to provide an analysis of the issues and challenges impacting on Canada’s AHSCs, and to provide recommendations and a series of linked implementation strategies to optimize their performance.

3. WHAT ARE THE TERMS OF REFERENCE FOR THE NATIONAL TASK FORCE?

The Terms of Reference for the National Task Force are as follows:

1. To draw on international experiences and lessons to identify the internal and external factors that need to be addressed to allow AHSCs (at the individual and collective level) to achieve excellence and innovation in patient care and service delivery, education, and research;
2. To undertake a survey and thorough assessment (e.g., environmental scan) of the perspectives of AHSCs, governments and the public across Canada;
3. To recommend new conceptual frameworks and typologies for AHSCs in Canada to better align their mission in service delivery, education and research with the changing approaches to health and health care delivery, changing expectations for interdisciplinary education and new opportunities for innovation through research;
4. To review and make recommendations on the future accountability relationships, governance, structural and resource requirements of AHSCs consistent with their evolving roles and responsibilities;
5. To review and make recommendations on how those who fund AHSCs, in particular the provinces, territories and federal government, can achieve the greatest benefits from their investments and sustain AHSCs as resources that advance the health of Canadians; and
6. To identify next steps and proposed implementation strategies.

In acting on these terms of reference, the National Task Force was well aware that the Canadian health care system has been the subject of a number of national, federal, provincial and territorial reviews and studies in recent years. All of these have contributed to the dialogue around the financing, organization, management, delivery and evaluation of health and health care services in Canada.

4. HOW WERE THE MEMBERS OF THE NATIONAL TASK FORCE SELECTED?

All 19 members of the National Task Force can be found on our web-site at www.ahsc-ntf.org. Members of the National Task Force were selected by the Co-Chairs of the National Task Force (Mr. Jeffrey Lozon, and Dr. Jean Rouleau), with assistance from the AHSC Steering Committee (co-Chaired by Mr. Glenn Brimacombe, President & CEO, Association of Canadian Academic Healthcare Organizations, and Dr. Nick Busing, President & CEO, Association of Faculties of Medicine of Canada). A systematic selection process using a number of explicit eligibility criteria was applied.

5. WHO WAS CONSULTED THROUGH THE NATIONAL TASK FORCE PROCESS?

As part of the consultation process, the National Task Force presented its preliminary findings to twenty national health organizations that initially supported the creation of the process, and presented to officials from the federal, provincial and territorial governments.

The National Task Force also held a two-day National Symposium on January 28-29, 2010 which brought together close to 100 leaders from government, universities, the health care system, health research enterprise, and the private sector to consider the draft report and recommendations.

6. WHAT KNOWLEDGE AND RESEARCH WAS USED TO INFORM THE NATIONAL TASK FORCE REPORT?

In addition to the release of the final report of the National Task Force, it also commissioned two reports which are available on its web-site:

1. *Environmental Scan Report* (Blackburn & Associates). The goals of the environmental scan were to: (a) identify the external and internal factors (including enablers and barriers) that need to be addressed to allow AHSCs to achieve excellence and innovation in patient care and service delivery, education and training, and research and innovation; and (b) identify and understand the perspectives of AHSCs, governments and the public across Canada on the changing needs of AHSCs.
2. *A Case Study Describing the Current State and Future Issues* (Corpus Sanchez International). The case study leveraged a series of structured interviews with key stakeholder to help assess AHSC models across the country, identifying both similarities and differences. The report on the case study, looks at various governance models between universities and healthcare delivery organizations, and at the mechanisms between the AHSCs and governments through which the integrated mandate of the AHSC is delivered. The report provides insight on leadership, management structures and processes, and how decisions on joint faculty and clinical appointments are made.

Furthermore, the web-site and the select bibliography in the report identifies a number of relevant international reports, publications and articles that were reviewed by the National Task Force.



7. ARE THERE ANY NEXT STEPS?

Now that the report has been publicly released, leadership at (at least) two levels will be required to bring the 8 recommendations and implementation strategies of the National Task Force to life:

1. *Local leadership* within Academic Health Sciences Centres (AHSCs) – that is, universities and academic healthcare organizations – will be required to consider how they evolve into Academic Health Sciences Networks (AHSNs), and for AHSNs to develop more effective relationships with the provincial and territorial ministries who oversee the three integrated missions (i.e., health, education, and research & innovation).
2. *National leadership* amongst the national health organizations who represent the missions of the Academic Health Sciences Networks (AHSNs) will also be required to advance a dialogue within their respective community, and with the federal government and those ministries who contribute their missions (i.e., Health Canada; Human Resources & Skills Development Canada; and Industry Canada).

Within these, there is a role for all to play - including health professionals, academics, universities, healthcare organizations, governments at all levels, thought and action leaders, policy makers, patient, families, industry and citizens-at-large.

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