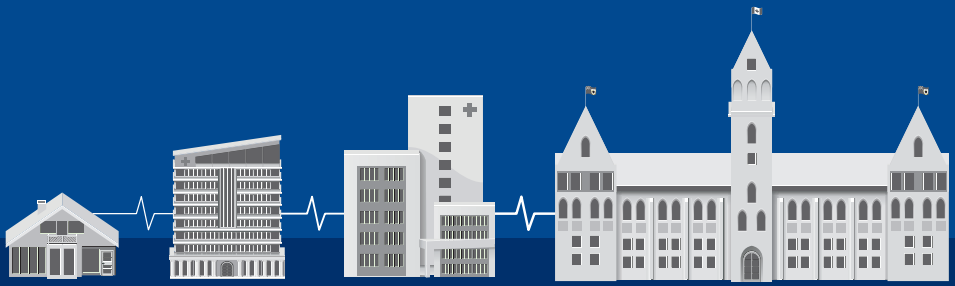

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Agenda

7:30–8:15am	Registration and buffet breakfast
8:20–8:30am	Musical talent and national anthem
8:30–8:35am	Co-Chairs **Leslee Thompson** and **Will Falk** *Objectives and Introductions*
8:35–8:50am	**Deputy Minister Saäd Rafi** *Welcome Remarks*
8:50–9:30am	**Walter Wodchis** and **Cathy Fooks** *The Target 5% as Applied to the Healthcare System* Q&A by **Dr. Barry McLellan**
9:30–10:30am	**Keynote** **Heather Fraser**: *Healthcare by Design* Introduction by IBM's **Paul Sulkers** Q&A by **Leslee Thompson**
10:30–10:45am	**Break**
10:45–12:30pm	**Associate Deputy Minister Helen Angus** and **Matt Anderson** *Update: The 19 Early Adopter Communities* Health Links Early Adopters: **Dr. Frank Martino, Dr. Danielle Martin, Kelly Gillis** and **Mary Atkinson** Chaired by **Leslee Thompson**
12:30–2:00pm	Lunch 'n' Learn: **Duncan Sinclair** Q&A by **Brian Golden**
2:00–3:30pm	Levers of Change: Chaired by **Will Falk** a. *The Virtualization of Care*: **Dr. Ed Brown, Dr. John Semple** and **Dr. Sacha Bhatia** b. *The Clinical Needs of the 1-5%*: **Dr. Irfan Dhalla, Dr. Samir Sinha** and **Dr. Michael Schull**
3:30–3:45pm	**Break**
3:45–4:15pm	Reflective Panel: **Kevin Smith, Stacey Daub** and **Dr. Joshua Tepper** Chaired by **Will Falk**
4:15–4:45pm	**Hon. Deborah Matthews, MPP** Minister of Health and Long-Term Care
4:45–5:00pm	Co-Chairs Closing Remarks

Speakers A–Z

Matthew Anderson
President and CEO,
William Osler Health System

Osler is among the largest community hospital systems in Canada, serving a population of over 1.3 million people living in one of the fastest-growing and most culturally diverse regions in the country. Amalgamated in 1998, Osler comprises three sites: Etobicoke General Hospital, Brampton Civic Hospital and Peel Memorial Centre for Integrated Health and Wellness (opening in 2015/16), besides a number of off-site health centres that together provide a comprehensive range of acute care, ambulatory and ancillary health services.

Matt previously served as the CEO of the Toronto Central Local Health Integration Network (LHIN), a Crown corporation that is responsible for the local planning, measuring and funding of 177 health provider organizations that serve more than 1.15 million Ontarians. Prior to that role, Matt held the position of Senior Vice-President of Performance and Technology, University Health Network (UHN), where he led the information, quality management and technology portfolios and has been the Chief Information Officer for a number of healthcare agencies across the continuum of care.

In 1998, Matt became one of the youngest CIOs of a Canadian academic health sciences centre, where he helped establish a five-year, $50-million capital plan to move UHN to a completely electronic patient record. He has been recognized nationally as a recipient of Canada's prestigious "Top 40 Under 40" award, received the "Who's Who in Healthcare" award through the Canadian College of Health Service Executives and was named Canada's CIO of the Year in 2005.

Speakers A–Z

Helen Angus
Associate Deputy Minister,
Transformation Secretariat,
Ministry of Health and Long-Term Care

The newly created Transformation Secretariat of the MOHLTC provides leadership for health system transformation and is intended to improve the organization, tracking and reporting of work within the Ministry as well as transformation-related stakeholder engagement and change management supports.

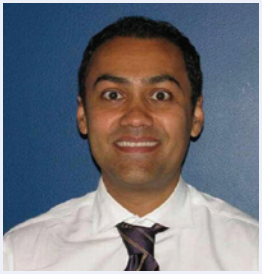
Helen previously held a number of executive positions in the health sector and was most recently Vice-President responsible for the Ontario Renal Network at Cancer Care Ontario, where she led a number of quality- and funding-related initiatives aimed at transforming the organization and quality of renal services across Ontario. She was Vice-President of Research and Analysis at the Canadian Institute for Health Information, where she was responsible for the development and execution of a high-impact program of research and analysis using CIHI's data stores. Helen has also held senior roles at Cancer Care Ontario and in the Government of Ontario in planning, policy and strategy.

Helen, who holds a Master of Science degree in Planning from the University of Toronto, continues to publish on important issues in healthcare such as quality improvement, performance management and access to care.

Mary Atkinson, RN, BSc, MBA, CHE
Executive Director,
North Perth Family Health Team

Mary brings a varied background to her position, from mental health nursing to managing community home services agencies and now primary care. In her current role, she has focused on quality improvement initiatives, including supporting the implementation of a strong, integrated healthcare system in the communities of North Perth and North Huron. Mary is committed to providing strong leadership and support in the delivery of high-quality healthcare services to our communities.

Speakers A–Z



R. Sacha Bhatia, MD
Cardiac Imaging Fellow,
Massachusetts General Hospital
and Harvard Medical School
Incoming Director, Women's College
Hospital Institute for Health System Solutions
and Virtual Care

Sacha advises hospitals and other healthcare organizations on various health systems issues, including strategic planning and quality improvement. With significant experience in health policy, he was health and research and innovation policy adviser to the Premier of Ontario from January 2008 to December 2009.

As a health policy researcher, Sacha has published in such peer-reviewed journals as *The New England Journal of Medicine* and *CMAJ* and has presented at national and international meetings, including the American College of Cardiology and American Heart Association Scientific Sessions. He has been invited to speak at conferences held by the Ontario Hospital Association, the Institute for Clinical Evaluative Sciences (ICES), various Local Health Integration Networks, law firms and hospitals.

Sacha sits on the Mission Committee of the Heart and Stroke Foundation and on the Cardiovascular Working Group of the Ontario Health Study. He is also a Research Fellow at Harvard University, where he is currently engaged in medical imaging, health systems and quality-of-care research, and at ICES in Toronto.

Sacha received his medical degree and MBA from McGill University and his Internal Medicine and Cardiology training in Toronto.

Speakers A–Z

Edward M. Brown, MD
Founder and CEO,
Ontario Telemedicine Network

OTN is one of the largest and most active integrated telemedicine networks in the world.

An emergency physician who studied mathematics and engineering before embarking on his medical career, Edward has won numerous awards for his work in telemedicine. Most recently in 2010, he was chosen as one of 25 Living Transformational Canadians by a national media panel sponsored by The Globe and Mail, CTV and La Presse.

Edward is currently President-Elect of the American Telemedicine Association and a Director of OntarioMD. He remains a passionate advocate for the advancement of telemedicine as an important tool to improve access to care, quality of care and the sustainability of healthcare systems.

Stacey Daub
Chief Executive Officer,
Toronto Central CCAC

Toronto Central Community Care Access Centre is one of the city's largest community-based healthcare providers, known for its unique case management approach focused on the care needs of its diverse populations.

Stacey holds a Master's degree in Business Administration from the University of Western Ontario and is a graduate of the Advanced Health Leadership Program at the Rotman School of Business. As a passionate and dynamic healthcare leader who is committed to community-based healthcare and transforming the experience of clients and caregivers, she provides leadership to an organization that delivers care to over 230,000 people of all ages, cultures and backgrounds in their homes or community annually.

With more than 16 years' extensive leadership experience in the health and community sectors and a powerful vision for Toronto Central CCAC, Stacey spearheaded the most significant changes that home care has seen in Toronto in the last 50 years with the launch of the Population-Focused Model of Care. She is Co-Chair of the ED/ALC Expert Panel of the Ministry of Health and Long-Term Care, Co-Chair of the Toronto Central LHIN Primary

Care Steering Committee, a member of the MOHLTC Health Links Advisory and a member of the Ontario Hospital Association Board of Directors.

Irfan Dhalla, MD, FRCPC
Scientist & Staff Physician,
St. Michael's Hospital
Adjunct Scientist, ICES
Assistant Professor, General Internal Medicine,
Institute of Health Policy, Management
and Evaluation

Irfan's research focuses primarily on evaluating complex health service interventions and policy changes that are intended to improve health outcomes for these patients.

He is the founder of the Toronto Virtual Ward, a multi-organizational initiative designed to improve post-hospital care, and is leading a CIHR-funded randomized controlled trial comparing the Virtual Ward with usual care. His research has been recognized with a CIHR Rising Star award, a CIHR New Investigator award and a Canadian Society of Internal Medicine New Investigator award. He was also recognized as one of the Toronto Star's "Twelve to Watch in 2012."

William Falk (Co-Chair)
Managing Partner,
Healthcare, PwC Canada

Will has spent 20 years as a strategist and consultant in New York and Toronto advising top academic centres, governments, public companies and healthcare innovators in the private sector. He started with APM Management Consultants (later CSC Healthcare) in New York in 1997, rising to Senior Partner in 2000. Will joined Capgemini in 2003, returning to Canada to build the national practice that was acquired by Accenture, where he became Managing Partner for Health and Life Sciences and a member of the firm's global health and life sciences leadership team.

Over his career, Will has had several formal advisory roles within government, including the Ontario Expert Panel on Adoption and Infertility and the Working Group on Adoption (Co-Chair, 2008/9), External Adviser to the

Minister for the Treasury Board Strategic Review of Health Canada (2008) and Adviser to the PM and federal Minister of Health during the 2004 First Ministers' Meeting.

Will has academic appointments at the University of Toronto as an Adjunct Professor at the Rotman School of Management (since 2008) and as an Executive Fellow in Residence at the Mowat Centre for Policy Innovation (since 2010). In 2002/3 he was a Visiting Research Fellow at Yale's School of Management. He is a frequent speaker and author on health policy and innovation.

Will is a graduate of University of Toronto with a Baccalaureate degree in Science and a Master's degree in Public Policy and Management from Yale University.

Cathy Fooks
President and CEO,
The Change Foundation

Cathy joined The Change Foundation in January 2007, bringing with her proven leadership skills at the national level and more than 20 years' experience in health policy research. She assumed the task of working with the Board of Directors to implement its ambitious strategic plan and transform the Foundation from a granting agency into a respected health policy think tank focused on health integration and patient outcomes.

Previously, Cathy was the first Executive Director of the Health Council of Canada, where she implemented the Council's mandate of reporting to Canadians about healthcare renewal. She has also served as Director of the Health Network with Canadian Policy Research Networks, and in senior roles with the College of Physicians and Surgeons of Ontario, the Institute of Clinical Evaluative Sciences (ICES), the Premier's Council of Health, Well-Being and Social Justice, and the Premier's Council on Economic Renewal. She was a senior policy adviser to two Ministers of Health and has served on a number of government healthcare committees.

The author of numerous articles and reports on the Canadian health system, Cathy holds a Master's degree in Political Science from Queen's University and a Baccalaureate degree in Political Science and Economics from Trent University. She has also completed an Executive Program in Change Management at the Rotman School of Management, University of Toronto

and the Executive Program in Strategic Perspectives in Nonprofit Management at Harvard Business School. Cathy is a member of the Board of Governors of The Michener Institute.

Heather Fraser
(Keynote Speaker)
Co-Founder of Rotman DesignWorks,
Professor of Business Design,
Rotman School of Management,
University of Toronto
Founder and CEO,
Vuka Innovation, Inc.

A seasoned strategist, entrepreneur and educator, Heather is a global thought leader in Business Design with a passion for healthcare innovation. She co-founded Rotman DesignWorks with Roger Martin in 2005 and served as its Executive Director through 2012. She has cultivated Business Design as a discipline, designed and delivered MBA student curricula and led innovation programs for over 3,000 executives internationally. Her clients include Procter & Gamble, Nestlé, General Electric and Target, and healthcare teams at Pfizer, University Health Network, Princess Margaret Hospital and Medtronic.

Heather's work builds on her 25-year track record for insight, innovation and results that combine business acumen and creativity with designing new ways to create value. Her book, *Design Works: How to Tackle Your Toughest Innovation Challenges through Business Design*, gives a balanced and pragmatic view of how organizations committed to innovation and value creation can infuse design principles and practices into planning and development. Endorsed by Dr. Robert Bell, President and CEO, University Health Network, Business Design "teaches leaders how to engage these principles in tackling chronic problems and initiating change in the public or private sector… and…discusses why these methods are important."

These principles have been successfully applied to solving a wide range of strategic and tactical challenges, including the redesign of the patient experience at Princess Margaret Hospital's Chemotherapy Day Unit. In the words of Sarah Downey, Vice-President of PMH at the time, "Business Design allowed us to unlock the creativity of staff and to empower our patients – not just in designing a space – but rather in developing a new patient and staff experience."

In 2012, Heather founded Vuka Innovation to expand this work beyond

the academic realm. As the driving force behind Vuka, she ensures that organizations push their thinking and realize their full capacity to innovate. She continues to be active in public education as Adjunct Professor, Researcher and Business Design Expert in Residence at the Rotman School of Management, University of Toronto.

Kelly Gillis
Senior Director, System Design and Integration, South West LHIN

Kelly has more than 15 years of leadership experience in the healthcare sector in southwestern Ontario, focusing on strategic planning and system integration.

Prior to joining South West LHIN over seven years ago, Kelly worked for London's hospitals as Director of Medical Affairs. She has also worked as the systems integration leader for the Huron Perth Hospitals Partnership and as a Senior Health Planner with the Huron Perth and Thames Valley District Health councils.

Before joining the District Health Council system, Kelly worked in the long-term care, mental health and addictions sectors.

Brian Golden, PhD
Professor, Health Sector Strategy, Rotman School of Management, University of Toronto and University Health Network

Brian's research encompasses strategic change and implementation, health system integration and sustainability, hospital boards, organizational strategy and leadership. He has published in *CMAJ*, *Strategic Management Journal*, *Harvard Business Review* and other peer-reviewed journals.

From 2005 to 2010, he was Board Chair of the Institute for Clinical Evaluative Sciences (ICES). He is currently Chair of Rise Asset Management, a non-profit micro-finance organization providing business development loans for individuals with mental health and addiction challenges.

In 2006, Brian became founding Executive Director of the Collaborative for Health Sector Strategy, a policy, research and leadership development

institute funded by the Ministry of Health and Long-Term Care. In this role, he was a member of the select advisory committee that led to the creation of Ontario's Excellent Care for All Act. He also co-authored the province's report on Primary Care Governance and sits on the Ministry's Hospital Funding Formula committee.

Brian has been a faculty member at INSEAD, the Richard Ivey School of Business, University of Western Ontario, University of Texas and Northwestern University's Kellogg Graduate School of Management, where he earned his Doctoral degree. Among his teaching and education awards are Canada's Ted Freedman Innovation in Healthcare Education award and the CMA's first Eureka Award for Innovation in Physician Education.

Danielle Martin, MD
Vice-President, Medical Affairs and Health System Solutions, Women's College Hospital

Danielle has established herself as a leader in the debate over the future of Canada's healthcare system. She is Chair of Canadian Doctors for Medicare, was a member of the Health Council of Canada and is a recipient of the Canadian Medical Association Award for Young Leaders.

Danielle honed her public speaking skills while on the debating team at McGill University, where she earned a Baccalaureate degree in Science. From there, she secured a job at Queen's Park as an assistant to Liberal Health Critic Gerard Kennedy, before enrolling in medical school at the University of Western Ontario. After medical school, she worked for five years as a family doctor in underserved areas in northern Ontario.

Danielle has recently completed a Master's degree in Public Policy from the University of Toronto.

Frank Martino, MD
Corporate Chief of Family Medicine, William Osler Health System
President, The Ontario College of Family Physicians
Primary Care Lead, Central West LHIN

Frank has been practising comprehensive Family Medicine in Brampton for 22 years. He is a graduate of the Family and Emergency Medicine Residency Program at the University of Toronto. He is still active in Obstetrics, inpatient care and the Emergency Department at Brampton Civic Hospital. In 2008, he received the Reg Perkins Award as Ontario Family Physician of the Year.

Currently an Associate Clinical Professor at McMaster University, Frank has taught Family Medicine residents and medical students for over 15 years. He was instrumental in bringing a Family Medicine teaching program to Osler through McMaster University in 2007. The program now has 20 residents training at both of Osler's campuses.

In January 2012, Frank was appointed Primary Care Lead for Central West LHIN, mandated to improve primary care engagement and integration into the healthcare system. He is currently serving as Board Chair of the Ontario College of Family Physicians and continues to be active in Medical Practice Guidelines generation and implementation, having presented on this topic at local, provincial and national conferences.

Frank serves as President of the Ontario College of Family Physicians (2012/13) and also sits on various committees that seek to improve quality and the delivery of primary care in Ontario.

Barry A. McLellan, MD, FRCPC
President and CEO
Sunnybrook Health Sciences Centre

Dr. McLellan provides leadership for one of Canada's largest academic health sciences centres with 10,000 staff and physicians, 1,300 beds and an annual budget of more than $900 million.

Each year, the hospital conducts more than $100 million in research, provides educational opportunities for 4,000 students and cares for over one million patients. The Hospital provides a

broad range of tertiary regional programs and services including specialities in cancer, cardiovascular disease, neurological disorders, high-risk obstetrics and gynaecology, orthopaedic and arthritic conditions, trauma and critical care, rehabilitation, and community care. In addition, Sunnybrook is Canada's largest facility caring for the country's war veterans.

Prior to his position as President and CEO at Sunnybrook, he was the Chief Coroner for Ontario.

Dr. McLellan graduated from the University of Toronto with a Medical Doctorate in 1981 and subsequently trained in emergency medicine, receiving a Fellowship in 1985 (Specialist in Emergency Medicine). Dr. McLellan was the Director of the Trauma Program and Vice President of Specialty Services at Sunnybrook. He was also the Director of the hospital's Emergency Department, Base Hospital Program (paramedic program) and Trauma Research.

Dr. McLellan is a Professor in the Department of Surgery at the University of Toronto. He has published more than 70 scientific papers, written a textbook on trauma care and lectured extensively, including international presentations in the fields of trauma care and forensic investigation.

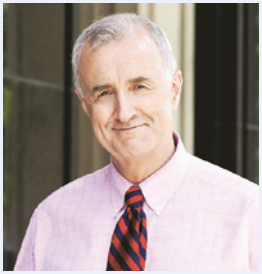
Michael Schull, MD
Deputy CEO and Senior Scientist,
Institute for Clinical Evaluative Sciences (ICES)

In addition to his work at ICES, Michael is a Professor in the Department of Medicine, University of Toronto, and Director of the Division of Emergency Medicine at the University of Toronto.

Michael's research focuses on health services utilization, quality of care and patient outcomes as they relate to emergency care. His studies use administrative data sets and linkages with clinical and qualitative data, and have examined the causes and consequences of Emergency Department overcrowding, variations in patient waiting times and pre-hospital care.

He was previously Co-Chair of an Expert Panel advising the Ontario Ministry of Health and Long-Term Care on health policies relating to its ER Wait Time Strategy. He has over 100 publications and has received numerous national and international honours, including a Canadian Institutes of Health Research Applied Chair in Health Services and Policy Research.

Michael practises as a specialist in Emergency Medicine at Toronto's Sunnybrook Health Sciences Centre.



John L. Semple, MD, FRCSC, FACS
Surgeon-in-Chief,
Women's College Hospital

Upon graduating from high school, John studied at the Ontario College of Art and Design (OCAD). He then completed a Baccalaureate degree in Medical Illustrating (art as applied to medicine) in the Faculty of Medicine at the University of Toronto. John received his medical degree at McMaster University and his surgical training in Plastic Surgery at the University of Toronto.

He is currently Chair in Surgical Research for the Canadian Breast Cancer Foundation (Ontario Chapter) and Past President of the Canadian Society of Plastic Surgeons. He is a Professor in the Department of Surgery at the University of Toronto, and was recently appointed to the Board of Governors of OCAD University.

John has a special interest in converging disciplines and their potential to act as a novel research platform. As well as his work in breast cancer, John's research interests include advancing ambulatory surgical innovation and new models of care using appropriate and affordable mobile technology.

Duncan G. Sinclair, PhD, DVM
Emeritus Professor of Physiology and Fellow,
School of Policy Studies, Queen's University

Duncan retired in 1996 as Vice-Principal (Health Sciences) and Dean of Medicine at Queen's. He had served previously in a number of senior administrative roles at Queen's including Vice-Principal (Institutional Relations), Vice-Principal (Services) and Dean of Arts and Science.

He chaired Ontario's Health Services Restructuring Commission from 1996 to its sunset in 2000 and served subsequently from January to June, 2001 as founding Chair and acting CEO of Canada Health Infoway/Inforoute Santé du Canada. Since then, Duncan has served as a member of the Audit Committee of Health Canada and as a Director on the boards of a number of organizations including Associated Medical Services, Inc., the Institute for Clinical Evaluative Studies (ICES) and the Canadian Physiotherapy Association.

Samir K. Sinha, MD, DPhil, FRCPC
Expert Lead, Ontario Seniors Strategy
Director of Geriatrics, Mount Sinai and the University Health Network

Samir is a passionate and respected advocate for the needs of older adults. He is currently Director of Geriatrics at Mount Sinai and the University Health Network Hospitals in Toronto. He is also an Assistant Professor of Medicine at the University of Toronto and Johns Hopkins University School of Medicine. Samir further serves as Chair of the Health Professionals Advisory Committee of the Toronto Central LHIN and is a Medical Adviser to the Toronto Central CCAC.

A Rhodes Scholar, after completing his undergraduate medical studies at the University of Western Ontario, Samir obtained a Master's degree in Medical History and a Doctorate in Sociology at Oxford University's Institute of Ageing. After returning to pursue postgraduate training in Internal Medicine at the University of Toronto, Samir went to the United States, where he most recently served as the Erickson/Reynolds Fellow in Clinical Geriatrics, Education and Leadership at Johns Hopkins University School of Medicine.

Samir's breadth of international training and expertise in health policy and the delivery of services related to the care of the elderly have made him a highly regarded expert in the care of older adults. He has consulted with and advised hospitals and health authorities in Britain, Canada, the United States and China on the implementation and administration of unique, integrated and innovative models of geriatric care that reduce disease burden, improve access and capacity and ultimately promote health.

Kevin P.D. Smith, DPhil, ICDD
President and CEO,
St. Joseph's Health System

St. Joseph's spans the full continuum of care from community-based to tertiary academic acute care. An Associate Professor in the Department of Medicine, Faculty of Health Sciences, McMaster University, Kevin remains active in academic programs at McMaster, the University of Toronto and York University.

Educated in Canada, the United States and Britain, Kevin began his career in medical education, followed by leadership roles in university

administration prior to assuming senior management roles in academic hospitals and health systems. His continuing education has focused on governance in the public and private sectors. He is professionally certified by the Institute of Corporate Directors and has completed the Harvard Program in Effective Governance.

A frequent adviser to the Ontario Government and the Government of Canada, Kevin has served in numerous roles and led a number of initiatives. In 2011 he became Chair of Home Capital Group, one of Canada's most successful financial services companies, highly rated for its governance practices. In 2012 he joined the Healthcare of Ontario Pension Plan, a fully funded plan, rated among the world's top performers.

As a volunteer, Kevin participates in numerous initiatives, including the Association of Canadian Academic Healthcare Organizations, the Council of Academic Hospitals of Ontario, the Cardiac Care Network and The Change Foundation. He is past Chair of the Ontario Hospital Association and present Chair of the Canada Foundation for Innovation (CFI), a $6-billion independent organization founded by the federal government, to fund research infrastructure.

Leslee J. Thompson, ICDD (Co-Chair)
President and CEO,
Kingston General Hospital

Leslee has over 25 years of healthcare experience that extends from the bedside to the boardrooms of some of Canada's largest and most innovative public and private sector organizations. A graduate of Queen's University School of Nursing, Leslee started her career as a critical care nurse.

In the private sector, Leslee was Vice-President of Health System Strategies Canada for Medtronic, a global medical devices company, where she had national and international responsibilities in areas of strategy, health policy and strategic account management. She was also on the Board of Directors at Shoppers Drug Mart for six years and is a Certified Corporate Director.

In the public sector, Leslee has led numerous large-scale, complex changes within and across organizations going through mergers, amalgamations and system-level restructuring. She was Vice-President of Cancer Care Ontario, Executive Vice-President and Chief Operating Officer of Sunnybrook and Women's Health Sciences Centre, Chief Operating Officer of Toronto

Western Hospital at University Health Network and Senior Operating Officer of Royal Alexander Hospital at Capital Health, Alberta.

Leslee has an MBA from University of Western Ontario and a Master's degree in Nursing from University of Toronto. She has delivered hundreds of presentations on healthcare system trends, and has published articles on health system restructuring and change. She has also won awards for her contributions to the nursing profession, her leadership of a national public service program and the advancement of best practices in healthcare management. In 2012, Leslee received the Facing Cancer Together Award of Honour for her commitment to empowering women with cancer by helping to pioneer the Look Good Feel Better program in Canada.

Walter P. Wodchis, MAE, PhD
Associate Professor,
Institute of Health Policy, Management and Evaluation, University of Toronto

In addition to his position at the University of Toronto, Walter is a Research Scientist at the Toronto Rehabilitation Institute, an Adjunct Scientist at the Institute for Clinical Evaluative Sciences (ICES) and Principal Investigator for the Health System Performance Research Network. His main research interests are health economics and financing, healthcare policy evaluation and long-term care. Other research projects include identifying and developing performance measures for complex populations with chronic conditions who transition through multiple healthcare sectors, health system performance measurement and measuring return on investment for interventions in the health system.

Past significant publications include quality-of-life measurement for older populations, incentives and government payment for physicians and long-term care including pay for performance, and the relationship between quality and cost.

Walter holds a Baccalaureate degree in Mathematics (Waterloo), Master's degrees in both Gerontology (Waterloo) and Economics (Michigan) and a Doctorate in Health Services Organization and Policy (Health Economics) from the University of Michigan.

Further Reading

Linked Healthcare

Taken from a speech delivered by Hon. Deb Matthews, Minister of Health and Long-Term Care, Ontario at the final conference session of HealthAchieve, Nov. 7, 2012.

Deb Matthews

We need to work to link all the health care providers in a given geographic area who are providing care to individuals in the top 1% or top 5%. So that primary care docs know when their patients are getting care elsewhere – in the hospital, from the specialist, from home care. So that all the providers have the same information about a patient: what medication they are on, what tests they have had and what those results are…

Then we need that network of linked health care providers to work as a team to collectively manage the needs of those patients with the greatest needs, in partnership with family and community, so they move smoothly through the system, always confident that they're being looked after. That they don't fall through the "gaps" in the system. They will work to ensure that there is one "most responsible provider" for each patient. Someone responsible for making sure that that patient is getting the right care, at the right time, in the right place. That the patient is getting pro-active care. To keep people out of hospital, out of long-term care.

…that's why I'm very happy to announce that in coming weeks, you'll be hearing about a competition for early-adopters of this new way of caring for people.

Working with the LHINS, we will be asking partners to work together on their proposals and describe how they would reach our common goals, like better care for high needs patients, and lower re-admission rates. We recognize that the proposals from rural and northern communities will look different from those in the cities. But start talking now. The potential here is unlimited.

I see a time, somewhere in the future, where this integrated model will exist right across the province. But we need to start learning about how best to provide coordinated, pro-active care, and I don't think there's a better way to do that then to put out a call to Ontario's most innovative health care leaders.

Our job, at the Ministry is to enable this kind of transformation.

Our new motto is: if it's better for patients, and it's better value for money, then YES, WE CAN!

Deputy Saäd Rafi has even appointed a new Associate Deputy Minister, Helen Angus, to drive this kind of transformation. I call her the "silo-buster". Her job is to remove barriers to innovation, so we can provide better care to our patients and get better value for money.

Further Reading

Eight Step Change Model

John P. Kotter

Kotter's eight step change model can be summarized as:

Increase urgency – inspire people to move, make objectives real and relevant.

Build the guiding team – get the right people in place with the right emotional commitment, and the right mix of skills and levels.

Get the vision right – get the team to establish a simple vision and strategy, focus on emotional and creative aspects necessary to drive service and efficiency.

Communicate for buy-in – Involve as many people as possible, communicate the essentials, simply, and to appeal and respond to people's needs. De-clutter communications – make technology work for you rather than against.

Empower action – Remove obstacles, enable constructive feedback and lots of support from leaders – reward and recognize progress and achievements.

Create short-term wins – Set aims that are easy to achieve – in bite-size chunks. Manageable numbers of initiatives. Finish current stages before starting new ones.

Don't let up – Foster and encourage determination and persistence – ongoing change – encourage ongoing progress reporting – highlight achieved and future milestones.

Make change stick – Reinforce the value of successful change via recruitment, promotion, new change leaders. Weave change into culture.

Kotter's eight step model is explained more fully on his website www.kotterinternational.com

About the Author
Professor John P. Kotter
Chief Research Officer

Acknowledgment
John P. Kotter is internationally known and widely regarded as the foremost speaker on the topics of Leadership and Change. His is the premier voice on how the best organizations actually achieve successful transformations. The Konosuke Matsushita Professor of Leadership, Emeritus at the Harvard Business School and a graduate of MIT and Harvard.

Further Reading

Improving Healthcare Delivery Through Integrated Patient Care

Barry Burk

While little has changed recently in terms of healthcare's challenges – including an aging population driving increasing demand for services, and rising costs consuming disproportionately large portions of provincial budgets – we see analytics technologies continuing to speed advances in quality of care.

This smarter approach to healthcare turns data into clinical and business insights for better outcomes. It instruments processes with those insights in real time for point-of-care decisions and productivity. It allows care teams to view information seamlessly across the continuum, allowing them to plan patient-centered, holistic approaches emphasizing prevention and wellness.

It's an idea whose time has come. While healthcare organizations are amassing vast amounts of data, and the number of published healthcare articles annually is measured in the 100,000s, "multiple versions of the truth" lead to errors across multiple settings. Physicians have been on information overload for decades, contributing to the estimated 15 per cent of diagnoses that are inaccurate or incomplete, according to an April, 2010 article in *Harvard Business Review*.

In addition, the practice of focusing on acute care, to the detriment of proactive wellness, prevention and population health strategies, is unsustainable. Preventing recurring admissions, complications and errors, delayed diagnoses and ineffective treatment therapies can all help ensure more patients stay below the 'acute care threshold' and its significant cost implications.

It's a point that's easy to concede, but difficult to address, as it requires clinicians to identify which patients are at highest risk of readmission, predict which will require acute care, prescribe the best treatment options for that individual patient, and monitor compliance of care plans across a number of caregivers.

Managing high-cost patients and keeping them out of acute care is being looked at by more jurisdictions as an untapped opportunity to enhance quality, reduce costs, reduce readmission, and improve the delivery of safe and effective care for patients. But it's an approach all patients can benefit from, and it requires improved

coordination among all levels of caregivers, from acute and primary to community-based care.

Today, IBM is working with many forward thinking organizations around the world applying analytics to help them create new data-driven insights to identify high risk patients, uncover early intervention opportunities to reduce onset or readmission; and coordinate a patient-centred care plan, shared among a care team, the patient, and the patient's family. The adoption of these technologies based on big data provides one of the best ways we see to accelerate change in the healthcare space.

IBM is working with clients across Canada to build a sustainable healthcare system that can deliver better patient care and outcomes. Along with our partners, IBM brings together deep expertise in managing and integrating solutions which are redefining value and success. Together we are helping to build a smarter healthcare industry.

For more information
visit www.ibm.com/healthcare/ca

Barry Burk is Vice-President,
Healthcare Industry,
IBM Canada Ltd.

Further Reading

Health Links: How To Successfully Execute A Great Idea

John Ronson

Ontario's Health Links initiative was announced by Minister of Health and Long-Term Care Deb Matthews in November, 2012. It is aimed at better meeting the healthcare needs of that small percentage of individuals who are attempting to manage multiple chronic conditions such as diabetes, depression, congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD). These individuals struggle to manage their conditions successfully in a highly fragmented system, often ending up in the emergency department or admitted to hospital because of uncoordinated primary and specialty care. This population also consume a disproportionate share of healthcare resources, ultimately putting system sustainability at risk.

The essence of strategy is the focused application of resources against an important organizational or system opportunity or problem. The high users of a healthcare system present both a problem and a potential opportunity. Focusing on meeting their needs may result in both better healthcare and also system savings. Whether the cut-off point is the top 1% of users or the top 5%, we know that they use a vastly disproportionate share of system resources. This is not an original idea (see Kaiser Permanente's pyramid and a multitude of other examples) but it may be a timely one. One clinical leader told me recently that this is the first major public policy initiative he has seen where there is virtual unanimity that we are pursuing the right goal and the right target population. In hundreds of conversations over the past year he has not heard a single dissenting voice signaling that this is the wrong public policy objective.

So we have the right target. How are we doing on execution?

Following the Minister's announcement, the Ministry picked 19 pilot sites across the Province and should get full marks for its choices. The essence of care for high system users is coordinating and integrating care for these individuals across primary care, acute care and homecare. A lead organization was designated for each of the 19 projects and they were chosen from a selection of primary care

(Family Health Teams and Community Health Centres), acute care hospitals and homecare (Community Care Access Centres). Primary care is potentially the most problematic because it is so fragmented in many communities, so again the Ministry chose wisely in picking communities like Barrie and Peterborough, which both have large and inclusive family health teams, to be part of the initial wave of projects.

The Ministry also required each of the Health Links projects to have its business plan "signed off" by its regional Local Health Integration Network ("LHIN") before it was submitted. The Ministry provided little direction on the contents required in the business plans and there was a wide variety of interpretations taken by the LHINs on their level of involvement in coordinating the submissions. At one end of the spectrum, some LHINs allowed the lead organization to in fact lead and the key primary care, acute care and home care organizations to self-organize to come up with a proposal to address the needs of high system users. At the other end, some LHINs effectively assumed the lead role, mandating who should be at the table and what the direction of the business plan should be. Unfortunately, some lost the thread – too many players at the table is not always helpful. Marginalizing acute care organizations, which happened in a number of instances, means that Health Links projects cannot and will not succeed. The three-legged stool of primary, acute and homecare is essential to the public policy objective being achieved. A two legged stool tips over!

Ontario has also created a very challenging environment in which to implement new policy initiatives because it has not chosen a regional health authority approach like that adopted by other Canadian provinces. The end result is a multiplicity of delivery and planning organizations with competing and overlapping mandates. The author has written elsewhere (see LHINs at Five Years – What Now? *Healthcare Quarterly*, 2011 and Local Health Integration Networks: Will "Made in Ontario" Work? *Healthcare Quarterly* Vol. 9 No. 1, 2006) about the challenges of the Ontario approach, but rolling-out a major change

initiative such as Health Links will put coordination across multiple organizations to a true test.

The second provincial challenge is one of measuring success. Ontario has spawned a variety of agencies that impose a variety of reporting demands on healthcare organizations. These requirements are in addition to Ministry and national (Canadian Institute for Health Information) requirements and have resulted in literally hundreds of aspects of healthcare delivery and outcomes being measured and presumably monitored. The danger for Health Links is that there need to be just a handful of critical measures agreed to and reported so that public accountability is clear for an initiative that will be critical but also expensive.

There are also Health Links projects chasing technological solutions that will almost certainly fail because they do not adequately take into account the needs of clinicians. Zero or minimal disruption to clinical workflow is essential. This means single-sign-on through either the electronic medical record (EMR) for community-based clinicians or through the clinical information system (CIS) for hospital-based providers. Next, providers want only the clinical information that is essential to treating their patients. Time after time clinicians identify the big four categories as: medication history, lab results, diagnostic images and summary reports such as discharge summaries and radiology reports. Finally, clinicians want complete data sets. If they can't trust the information because something may be missing, they won't use it.

The Ministry has correctly identified that some aspects of Health Links are better done provincially (or perhaps regionally) rather than locally. Ontario has invested major taxpayer resources in a variety of healthcare technology initiatives. In most instances it may be better to complete what we've started rather than invest in something new. The Ontario Telemedicine Network is working on developing an effective home health monitoring solution and has learned many of the hard lessons along the way. Most, if not all, of the Health Links projects will want to incorporate home monitoring as part of clinical oversight of their identified patients. Even the

Ontario Laboratory Information System (OLIS), a historic money pit, is showing signs of life and, more importantly, clinical utility and may prove useful as the Health Links projects move to implementation.

Finally, the Ministry, the LHINs and the first wave of projects need to remember that Health Links fundamentally needs to be a clinical initiative. Primary care, acute care and home care are the key actors. The handful of chronic diseases that require focused attention are the same across all projects, although the chosen starting point may be different. A diabetes patient in Toronto is no different than a diabetes patient in Prince Edward County. Some of the infrastructure to support these patients may vary, but we must not lose sight of this reality.

Health Links has the potential to be a game-changer for patients who need it most and a key measure in ensuring the sustainability of our overall healthcare system. It is critical to get this right.

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Further Reading

The Great Canadian Healthcare Evasion

Jeffrey Simpson, The Globe and Mail

Health care remains the biggest no-go zone in Canadian public discussion. According to University of Toronto president David Naylor, it's "the third rail of Canadian politics," a U.S. expression denoting something as lethal as the electrical rail in a subway.

Professor Naylor should know. He has been around medicine, public policy and health-care policy all his adult life as a physician, Rhodes Scholar in public administration and dean of medicine. But even he won't touch one part of that "third rail," the competition for public funds that postsecondary education continues to lose to health care. It's too risky a comparison for a university president with a huge faculty of medicine and links to some of Canada's leading hospitals.

Nonetheless, Prof. Naylor is frustrated by the unwillingness of Canadians and their politicians even to debate health care. For him, the essential public system should be maintained, but Canadians don't confront the question of how.

Health care's share of every provincial budget is rising year after year, but that has led to what he calls "one of those great Canadian evasions." There would be no question of sustaining ever-higher health-care spending if Canadians were willing to pay more tax or constrain other areas of government spending. But they prefer to limp along with costs that grow by more than government revenues adjusted for inflation and population.

"If there's lots of red ink, maybe we could have a go at it," Prof. Naylor says. "We'll only face tough questions when there's a crisis… but is this a conversation Canadians want to have?"

The question is rhetorical, judging by the silence surrounding the issue, except for those "experts," some at U of T, who believe that the answer to any spending pressures from health care is to wring more efficiency from the existing system.

Prof. Naylor doesn't buy that argument. Yes, efficiency gains are always possible, but Canada should look to Europe, where "there are no perfect health-care systems" and "no magic bullets," but where there is a "degree of pluralism in financing and institutions."

In Canada, he says, "almost any time there is talk of a health-care financing change, we imagine a two-tier system. It trips off the

tongue with remarkable frequency." Two-tier is political shorthand for U.S.-style medicine, which is not at all what he proposes.

"If we want to be heretical, we should think of a pluralism of financing arrangement with a public backbone of a system," Prof. Naylor says. Health care is not just a "public good" for all of society but a "private good" for individuals, he argues. A balance between the two must be found because at the moment, the scales are tipped toward health care as a "public good."

With so many entrenched stakeholders in health care, change is terribly hard, since each group protects its gains and mobilizes for more. (See the current advertising campaign of the Ontario Medical Association.)

Prof. Naylor would like to see an integrated system of health-care delivery with physicians paid a salary with incentives for volume, working collaboratively with others in the system, instead of the silo approach now so prevalent and fee-for-service for doctors.

He says he has studied opinion polls about health care, and "I'm not sure what polls are telling us." It would appear that "any reconsideration is unthinkable. But I'm not sure how fixed we should be about that interpretation, because there's a kind of split screen whereby more payments out of pocket would be contemplated if it led to faster treatment for self or loved ones."

He notes that "there is core discomfort with anything that departs from the successful model in which fairness is highly valued. It's just that we might not be adequately served by the system."

Forget opening up a serious debate of the kind Prof. Naylor would appreciate. Politicians everywhere are convinced of the "third rail" politics, in part because Canadians have embraced health care as part of their national identification. Prof. Naylor is correct is noting that "it is a bit disturbing that Canadians would fix their self-definition around a system that is far from unique."

But there you have it: a system that Canadians know and value, that they fear changing, that they will not willingly pay higher taxes to support or agree that other programs should be compressed to pay for its rising costs. Apparently, no debate is the preferred option.

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