

Three Missions One Future

Optimizing the Performance of Canada's
Academic Health Sciences Centres



A Report From the National Task Force
on the Future of
Canada's Academic Health Sciences Centres

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Message From the Co-Chairs of the National Task Force

When Canadians talk about the future of our health system, a number of policy issues immediately come to mind – wait times and access to care, shortages of health care providers, patient safety and the quality of care, an aging population, the introduction of new technologies and innovations, the role of the public and private sectors from a financing and delivery perspective, and the cost of new drugs – to name a few.

As important as it is to identify stable and lasting solutions to these pressing policy challenges, rarely has there been a specific focus on the role that Canada’s Academic Health Sciences Centres (AHSCs) play in contributing innovative solutions to improve patient care and population health outcomes and the overall functioning of the health system.

Supporting the mission and mandate of AHSCs is critical to ensure access to a range of specialized health services, educating the next generation of health providers, and generating and disseminating new scientific knowledge and innovations that make the system more cost-effective, adaptive and flexible. In our view, AHSCs have a pivotal role to play in contributing to the longer-term sustainability of the health system.

Knowing that the health system continues to experience a significant amount of change, we believe it is incumbent on the leadership of AHSCs across the country to take stock and reflect on their roles and responsibilities. More particularly, now is time for AHSCs and their provincial, territorial and national partners in health care delivery to consider new organizational structures and processes that will assist them in optimizing their performance across the tripartite mission to benefit all Canadians.

To assist the leadership of AHSCs in this work, a National Task Force has been established that is comprised of nineteen leaders from across the country. The National Task Force has developed the report “Three Missions – One Future...Optimizing the Performance of Canada’s Academic Health Sciences Centres” to move the public policy discussion forward. In addition to the findings, the report contains eight recommendations, and a series of implementation strategies.

In our view, the objective of this report is to be a thoughtful reflection of the spectrum of issues and policy challenges we believe need to be addressed if Academic Health Sciences Centres and their evolution to “Networks” as they are defined in the report are to thrive for the foreseeable future, reach their full potential, and meet the changing health needs of Canadians – while working more collaboratively with those institutions that comprise the Academic Health Sciences Network, provincial and territorial governments, and the federal government.

In this regard, we sincerely hope that the report is a focal point for dialogue, and a catalyst for change.

Sincerely yours,



Jeffrey C. Lozon
President & CEO, Revera
Past-President & CEO, St. Michael’s Hospital



Jean Rouleau, MD, FRCPC
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The biographies of members of the National Task Force and the Steering Committee can be viewed on-line
at www.ahsc-ntf.org.

Who Should Read this Report

If this report is to play a constructive role in advancing a dialogue about optimizing the performance of Canada's Academic Health Sciences Centres (AHSCs), then the National Task Force believes that a broad cross-section of leaders must be effectively engaged in considering the findings, recommendations and implementation strategies in this document.

Leaders from the health, education, research & innovation sectors, governments, the private and charitable sectors all have an important interest in ensuring that AHSCs are well positioned to deliver on their missions and are of maximum benefit to Canadians and the global community.

With this in mind, we have identified a non-exhaustive list of local, provincial and territorial and national leaders who should read this report, reflect on its conclusions, and actively participate in the discussions with each other and with their own stakeholders, communities and governments about the future of Canada's AHSCs:

- University Presidents, Provosts, Vice-Presidents of Research and their Board of Governors and senior management teams;
- Deans of Medicine, Nursing, Pharmacy, Dentistry, Health Sciences and Rehabilitation Sciences, and their respective Vice-Deans of Education and Research;
- Presidents & CEOs of Academic Healthcare Organizations (including teaching, research and community-based hospitals, and long-term care and rehabilitation organizations), (academic) Provincial/Regional Health Authorities, Community-based and other regional-related Institutions, and their Board of Directors and senior management teams;
- Presidents & CEOs of Health Research Institutes, their Board of Directors, and Vice-Presidents of Health Research;
- Provincial, Territorial and Federal Ministers of Health, Education and Industry and senior government officials including deputy ministers and assistant deputy ministers;
- Presidents & CEOs of Federal, Provincial and Territorial regulatory bodies and their senior management teams;
- Presidents & CEOs from private industry and the health charity community and their senior management teams; and
- Presidents & CEOs of National Health Organizations and their Board of Directors and their senior management teams

We also recognize that there is a significant broader community of interest who should read the report and reflect on the path that is being recommended for Canada's AHSCs.

While these groups are among the most intimately involved in the dialogue, this report is germane to all professionals, educators, researchers, policymakers, patients and the public who are engaged in or concerned about the future of the academic health enterprise in Canada. We encourage you to read the report and consider its implications, at the local, regional, provincial, territorial and national level.

Executive Summary

Recognizing that the health system is experiencing rapid change in times of economic challenge, the purpose of this report is to ensure that Canada's Academic Health Science Centres (AHSCs) are in a position to reach their potential and optimize their performance. This, however, presents both challenges and opportunities. Changes in governance and long-standing concerns about alignment of missions and resources have all put strains on the AHSC. At the same time, new approaches to patient care, teaching and research that are changing the traditional AHSC model offer the potential for significant benefits to patients and society as a whole.

These concerns and possibilities prompted 22 of Canada's national health provider and academic healthcare organizations to endorse and create the National Task Force on the Future of Canada's Academic Health Sciences Centres. The work of the task force, made up of 19 leaders in the Canadian and international academic health science community, was funded by Health Canada.

The terms of reference of the Task Force required it to identify the internal and external factors that will allow AHSCs to achieve excellence and innovation in patient care and service delivery, education, and research, and to recommend the means – including governance structures, accountability relationships and resource requirements – by which this should happen. Its mandate also called for setting out next steps for implementation of its recommendations.

Canada's Academic Health Sciences Centres (AHSCs) are comprised of a health sciences university's faculty of medicine, plus one or more health faculties or professional schools (including, nursing, pharmacy, dentistry, health sciences and rehabilitation sciences), colleges and other educational institutes, and their linkages to one or more academic healthcare organizations (including teaching and research hospitals and their research institutes, provincial and/or regional health authorities, rehabilitation institutions, specialty psychiatric centres, long-term care facilities, and nursing homes).

AHSCs deliver three related missions: (1) providing Canadians with timely access to advanced patient care services; (2) training the next generation of health care professionals; and (3) conducting leading-edge research and making it available to clinicians, administrators, policy makers and the public. It is the integration of patient care, education and research that uniquely defines the AHSC mission and differentiates it from other organizations in the health system that focus predominantly or exclusively on the provision of health and health care services. Each mission serves to reinforce the other two, with the objective of providing Canadians with access to world-class patient care, well-trained health care professionals, and state-of-the-art research.

This mandate positions AHSCs as engines of health innovation through the interplay between research, education and clinical practice which accelerates the translation of new knowledge into cost-effective leading practices, new models of organizing and delivering care, breakthrough drugs and/or medical devices that can revolutionize diagnosis, treatment and improve health outcomes.

The integration of education, research and patient care in the same milieu provides a fertile environment where students can learn and apply state-of-the-art knowledge from the classroom, to the laboratory, to the bedside. At the same time, AHSCs have a crucial role to play in converting new knowledge into a range of innovative products and services to the marketplace.

Through their strategic focus on innovation and knowledge translation, AHSCs have the potential to ensure that the health system remains accessible and flexible, and can rapidly adapt to changing health needs while placing it on a firmer fiscal foundation for the future. Knowing that the benefits that flow from Canada's AHSCs extend well beyond local, regional, and provincial and territorial boundaries, the National Task Force believes they should be acknowledged as a national resource in the system.

In carrying out its work and as required by its terms of reference, the Task Force drew on an extensive review of academic literature, an e-environmental scan, and in-depth interviews of health professional leaders across the country, as well as the experiences and knowledge of its own members. Through this process, the National Task Force identified three central themes that encapsulated AHSCs' challenges in fulfilling their current and future mission and mandate: (1) while *changing governance models* in the health system are sometimes acting as a catalyst for improved integration across all three missions of the AHSC, in other instances they are creating barriers; (2) *new integration mechanisms* are required, both within AHSCs and between AHSCs and government, to better align plans, strategies, processes and outcomes; and (3) *continued resourcing pressures*, uncoordinated funding, and multiple funding sources including the different levels of government, present a significant challenge to optimize all aspects of the care-teaching-research mission.

The Task Force has concluded that in order to optimize their performance and improve patient and population health outcomes it is essential to identify a common path forward for AHSCs that is clear, strategic and achievable. Moreover, such a common path is critical to the next step in their evolution: into Academic Health Science Networks (AHSNs).

At the same time, there is a significant responsibility for the AHSN community to improve the ways in which they are organized, governed and deliver their mission. We have also concluded that Canadians and their governments need to support AHSCs, and the networks into which they are evolving, because of their central role in the health care system.

Taking the path we have set out would strengthen a crucial pillar that supports the well-being of Canadians. It would enhance Canada's future well-being and prosperity by improving health and health outcomes, ensuring better educated health care professionals in Canada's future workforce, more effectively translating the benefits of research, innovation and commercialization, and identifying new opportunities and settings to introduce cost-effective innovations. Without acting now, Canada risks diminishing, if not losing, the value these organizations create together – value that in many cases has accumulated over more than a century.

Evolution to Academic Health Sciences Networks (AHSNs)

With the emergence of new health care organizations with broad regional responsibilities for health as well as health care combined with emerging trends in academic medicine such as distributed medical education, eLearning, and collaborative inter-professional models of care across a broader range of organizations and institutions, the National Task Force embraced the new model of the Academic Health Sciences Network (AHSN), for which it developed the following definition: *“a set of formal partnerships created by health sciences universities, academic healthcare organizations and other provider organizations with the goal of improving patient and population health outcomes through mechanisms and structures that develop, implement and advance integrated health services delivery, professional education, and research and innovation. At the core of this network is the AHSC, working closely with other academic healthcare organizations who focus, in whole or in part, on the care-teaching-research mandate.”*

The National Task Force believes that Canada's health sciences universities, colleges and other educational institutes, and the academic healthcare organizations with which they have formal affiliation agreements will continue to constitute the critical nuclei of these emerging networks. However, we have also concluded that a more contemporary and inclusive definition is needed that builds on the traditional core mission and mandate of the AHSC and also accurately reflects the new relationships that are emerging among a variety of health services organizations working together on the some or all of the components of the care-teaching-research mandate.

Using this definition, there are 17 AHSNs in Canada at present, one centered on each of the country's university medical schools and at least one affiliated teaching/research hospital.

To guide subsequent discussions at the local level as to who should be a member of the Network, the National Task Force highlighted four models across the country as possible examples: *les Réseaux Universitaires Intégrés de Santé* (RUIS); the Toronto Academic Health Sciences Network (TAHSN); the Saskatchewan Academic Health Sciences Network (SAHSN); and the British Columbia Academic Health Sciences Council (BCAHC).

At the same time, the National Task Force also identified some of the issues and challenges that AHSNs will need to reflect on, and proposed a series of metrics that capture a range of outcomes produced by the AHSN and more clearly articulate its overall value proposition.

AHSN Vision

Looking forward, the National Task Force saw a clear need to define the future vision for Canada's AHSNs. This vision should build on the existing leadership role in academic networking of today's AHSCs, ensure that they achieve the same or a greater degree of international recognition, and like them are able to attract and retain the world's best health practitioners, educators and researchers. The vision is as follows: *“Academic Health Sciences Networks (AHSNs) will improve the health of Canadians and enable Canada to be a global leader in health care, education and research.”*

To fulfill this vision and enable the evolution from the traditional AHSC model, the National Task Force concluded that these new networks must be appropriately structured, mandated, governed, resourced and enabled.

Recommendations to Optimize the Performance of AHSN

The National Task Force strongly believes that the recommendations set out in this report are key to transforming the structure of the AHSN and placing it on a path of superior performance and long-term sustainability, and providing the greatest value possible for Canada and Canadians. High-level implementation strategies for each recommendation are set out in Chapter 7.

The AHSN Community...

To think and act like cohesive organizations delivering their missions and commitments, AHSNs need to develop new organizational frameworks to facilitate planning, priority-setting, resource allocation and decision-making. The National Task Force believes that we can learn from some of the recent inter-organizational structures that have been introduced in Quebec, Ontario, Saskatchewan and British Columbia.

Recommendation 1

“The National Task Force recommends that all Academic Health Sciences Networks (AHSNs) establish formal inter-organizational structures and governance mechanisms to support the development of integrated strategies, plans and policies, and ensure more effective planning, information-sharing, coordinated decision-making and policy implementation.”

Fully embracing the network model will require a diverse array of health care organizations to recognize and accept a more collective responsibility for leadership in delivering on the care-teaching-research mission. This shift can take place only if it is backed up with mechanisms that recognize the single-entity nature of the AHSN and support integration and planning across it.

Recommendation 2

The National Task Force recommends that each of Canada’s Academic Health Sciences Networks (AHSNs) commit to developing integrated plans and strategies that will:

- a. Guide its overall process of transforming to the network model;*
- b. Achieve the vision of the AHSN set out in this report (which is “to improve the health of Canadians and enable Canada to be a global leader in health care, education, and research”) by:*
 - leading the development of innovative and value-added health care services, education and research, evaluation and knowledge translation,*
 - accelerating the dissemination of research-based evidence into clinical practice to implement leading practices to enhance the quality, accessibility and affordability of health care services and improve patient and population health outcomes, and*
 - integrating innovative collaborative models of education with health care delivery and research; and*
- c. Identify appropriate performance measures to assist in monitoring their progress and performance.*

Because AHSNs are relatively new, and developing in a rapidly changing environment, it would be valuable to leverage existing national mechanisms, such as those provided by national health organizations, to meet on a regular basis to exchange information, lessons learned, and leading practices; review the structural design of AHSNs and their strategic objectives; and consider the breadth of metrics to express their impact.

Recommendation 3

“The National Task Force recommends that the relevant national associations establish the appropriate structures, processes and forums for Canada’s AHSNs to meet on a regular basis. The objectives of these meetings would be: (1) to strengthen AHSN relationships; (2) to identify gaps or duplication in their mandates, plans, policies and/or programs; and (3) to share lessons learned and leading practices.”

The National Task Force was strongly of the view that all of Canada’s emerging AHSNs need to better communicate and promote their value, an exercise which some have already undertaken. This would involve creating an appropriate brand for a number of target audiences, including the public, media, governments, healthcare organizations, the charitable sector and the private sector.

Working With Governments...

Like AHSCs, AHSNs are involved in a complex set of relationships with Canada’s provincial/territorial and federal governments. Responsibility for the delivery of health services and post-secondary education rests with the provincial and territorial governments, which generally also provide some of the funding for research and innovation, along with a series of direct and indirect investments in health care, education and research, innovation and commercialization by the federal government that are complementary in nature.

Each provincial and territorial government has its own model for supporting and overseeing the organizations that deliver the care-teaching-research mission of the AHSN. Typically, responsibilities are spread across a number of ministries. This risks reducing the ability of AHSNs to successfully achieve their missions and fully benefit the communities they serve. Indeed, health care leaders interviewed for the National Task Force’s work frequently identified problems with competing agendas, conflicting policies and fragmented priorities.

The introduction of new AHSN-inter-Ministerial mechanisms would improve the alignment of activities across AHSNs, allowing for a more complete discussion of their accountabilities and deliverables, and examine ways of fully leveraging resources invested in them. The results would include less duplication of effort, improved policy coverage of key issues, better integration of policies, and greater return-on-investments in our health care system.

Recommendation 4

“The National Task Force recommends that AHSNs work with their respective provincial and territorial governments to create mechanisms through which AHSNs and all relevant ministries can more effectively communicate, share information and make decisions, and develop, coordinate and implement policies.”

At the federal level, the government directly provides close to 80 cents of each public dollar invested in health research, as well as making transfer payments to provinces and territories for their health and education priorities. Given the range of areas in which the federal government can support and complement the role of the provinces and territories, and the national impact of AHSNs, the National Task Force identified a need to improve policy consultation and coordination with the national organizations that represent AHSNs.

In considering a mechanism for consultation and dialogue at the federal level that supports the AHSN, the National Task Force would make it clear that this is in no way intended to supplant or diminish the constitutional responsibilities of the provinces and territories. Where there is an identified role for the federal government to invest in the tripartite mission of AHSNs, it must be done in close consultation with the provinces and territories and aligned with their priorities. The National Task Force is sensitive to the added complexity that is associated in establishing a mechanism that extends across two levels of government.

Recommendation 5

“The National Task Force recommends that the federal, provincial and territorial governments collectively recognize AHSNs as a national resource in the health system by working with the relevant national associations and bodies to create mechanisms through which AHSNs and federal ministries and agencies can more effectively communicate, share information and make decisions, and develop, coordinate and implement policies.”

Thus far, the recommendations have focused on the need to develop integrated plans and strategies and effectively align structures within and between AHSNs and with relevant government bodies to improve patient and population health outcomes. While these priorities are vital to the future of the AHSN, they cannot be disconnected from a discussion on resourcing the elements that underpin the AHSN enterprise: patient care; education; research; and infrastructure – with the provinces and territories playing a primary role in terms of overall stewardship, funding and accountability.

The National Task Force believes that AHSNs should be able to demonstrate the value they achieve with the funding they receive, which is often criticized and to some degree misunderstood for being higher compared to community health provider organizations. Including performance measures in their plans, as we have recommended, AHSNs will continue to demonstrate that they accept their accountability for wise and responsible stewardship of public funds and scarce resources.

Funders must also recognize and begin to address significant and legitimate resource problems among AHSNs and their members. Funding concerns – lack of alignment, fragmentation and in some instances inadequacy – together make up perhaps the biggest challenge they face. As provinces and territories seek to contain the growth of health care costs, AHSNs will need to work closely with their funding partners to address this challenge in ways that support better health and health care outcomes.

Recommendation 6

“The National Task Force recommends that AHSNs and provincial and territorial governments ensure that the appropriate financial resources, mechanisms and programs are aligned to fulfill their agreed upon missions.”

While provincial and territorial governments are the predominant funder of AHSNs, it will also be crucial to find ways in which investments by the federal government are aligned with local care-teaching-research priorities to provide maximum value. Regardless of the funding mechanism, discussions would be required among the federal, provincial and territorial governments and AHSNs to determine how any funding arrangement would effectively work and meet pre-determined common policy objectives.

Recommendation 7

“The National Task Force recommends that AHSNs and the federal government, in close consultation and ongoing dialogue with the provinces and territories, ensure the appropriate federal financial resources, mechanisms and programs are aligned with provincial and territorial government priorities, to fulfill their agreed missions.”

AHSNs and the International Community...

Canada’s reputation for excellence in delivering on the care-teaching-research mission and as an “honest broker” positions it well to assume an international leadership role in advancing the AHSN concept. Inviting the best and brightest minds in the world to regularly share experiences, leading practices and lessons learned, and thoughts about structures and processes would help to enrich Canadian AHSNs and further contribute to Canada’s international stature.

The National Task Force believes that implementation of the recommendation is an enabler to the vision we propose and would ensure that Canada’s AHSNs are relevant, globally competitive, and properly positioned internationally to contribute our experiences to improving health, health care and health systems worldwide, and also benefit from the knowledge and leading practices developed elsewhere.

Recommendation 8

“The National Task Force recommends that Canada’s Academic Health Sciences Networks and their national organizations create an international meeting place, or host an annual forum, that brings together global leaders committed to the collective advancement of the issues and opportunities in the academic health sciences.”



Academic Health Sciences Centres - National Task Force

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