Securing the Future of Canada's Academic Health Sciences Centres

Summary

Although there have been a number of in-depth national, federal, provincial and territorial reviews of the health system in Canada, there has not been a systematic review of the current mission/mandate and future roles and responsibilities of Canada's Academic Health Sciences Centres (AHSCs) since the early 1990s – this despite the fact that the system has experienced profound change.

With this in mind, more than 20 national health organizations and others have engaged in discussions about the importance of establishing a national task force to consider and develop recommendations that will focus on the future role of Canada's AHSCs.[1]

Background

Over the past few years, a number of significant pieces of policy research at the national (i.e., Romanow), federal (i.e., Kirby) and provincial and territorial levels (i.e., Clair, Fyke, Mazankowski) have contributed to the intense dialogue around the financing, organization, management, delivery and evaluation of health and healthcare services in Canada.

More precisely, the reports have focused on important elements of the health and healthcare system, and on the prescriptive actions required to place our cherished health system on the road to medium- and long-term sustainability.

While the reports have all focused on the issue of funding (i.e., public/private roles; federal, provincial and territorial responsibilities), they have also concentrated their findings on the structural requirements of the system, including accessibility and system performance, accountability and integration, health human resources, primary-care reform, home care, pharmaceutical management, medical equipment, health information technologies, technology assessment, capital/physical infrastructure, quality of care and patient safety and research and innovation.

While these are all essential components of the health system that require careful consideration, they have been linked only in a limited fashion to one another, and have not been effectively identified as part of the mission/mandate and roles and responsibilities of Canada's AHSCs, which focus on: (1) providing specialized healthcare services; (2) advancing leading-edge innovative practices through health research and (3) educating the next generation of healthcare professionals.

At the same time, many of the policy issues and recommendations in the recently released reports have a direct bearing on the current and future roles and responsibilities of AHSCs. Equally importantly, as engines of innovation, AHSCs have a critical role to play in implementing many of the proposed policy recommendations.

While the Kirby Committee placed emphasis on the role of AHSCs from the perspective of the federal government, the analysis has not been extended to a more formal and comprehensive review of the mission, mandate and future role of AHSCs in Canada in the context of the current and future structure of the system. At minimum, this would require an in-depth assessment of the internal and external forces that are (and will) impact on how care is organized and delivered, professionals are trained and distributed and research is undertaken and translated.

Furthermore, these policy issues become magnified as the federal government enters discussions with the provinces and territories in mid-September 2004 to find "a fix for a generation." As the system experiences a watershed period in healthcare policy, it would appear that there is an important window of opportunity to place AHSCs on a more stable footing.

Understanding that AHSCs provide secondary, tertiary and quaternary healthcare services to Canadians (as well as some primary-care services and complex continuing-care and mental health services), train the next generation of healthcare professionals, and develop and assess innovative and cost-effective ways in which to deliver care (and are considered as a "national resource" in the system), it is timely to take a step back and consider their role in the health system of the 21st century.

Policy Landscape

Although the healthcare system has had to adapt to a number of financial and structural changes since the late 1980s and through the 1990s, there has been no formal assessment of the impact of these changes on AHSCs in Canada. The most recent national study that reviewed the role of the academic health centres was released almost a decade ago (Valberg et al. 1994).

Since that time, much has changed, and many external and internal factors that have and will continue to impact on the mission and mandate of the AHSCs have been identified. For example: the creation of regional governance structures; new funding and delivery models; an increased focus on system accountability and performance measures, patient safety and evidence-based quality-of-care initiatives; concerns about the supply, mix and distribution of healthcare professionals; the creation, assessment and diffusion of new technologies; heightened public expectations and concerns about access to care; and the linkages between health research, innovation

1. The term "Academic Health Sciences Centre" is a relatively recent label given to the relationship that exists between university-level health/clinical education programs and the affiliated hospitals/health regions that provide the physical facilities necessary for research and education (Lozon and Fox 2002).

and economic development are all important policy considerations that impact on the AHSCs' mission and mandate.

Recently in the United States, the Commonwealth Fund released a report ("Envisioning the Future of Academic Health Centers") that reviewed the fundamental role of teaching hospitals and medical schools – noting the need for increased professional collaboration and interdisciplinary models of care, and the relationship between AHSCs and community institutions. As well, the United Kingdom has undertaken a comparative study of academic health organizations (Davies 2001/2). In addition, the Institute of Medicine released a report that examined the role of academic health centres in leading change in the 21st century (Institute of Medicine 2003). Furthermore, Canadian and U.S. health policy journals dedicated a series of articles to a range of policy issues facing AHSCs and teaching hospitals (Lozon and Fox 2002, *Health Affairs* 2003). At the same time, Canada's medical schools have embarked on a process to consider how they can become more socially accountable (Association of Canadian Medical Schools 2003).

Given the release of these documents and the issues that are facing AHSCs in Western developed countries, it is timely to consider if there are international lessons learned and key findings that can be adapted and applied in the Canadian context.

The Proposal

Over the past year, more than 20 national health organizations and others have discussed the importance of establishing a national task force on the future of AHSCs in Canada.

The task force would produce a descriptive, consensus-based report that would review the current mission and mandate of AHSCs, and make recommendations on their future roles and responsibilities in a system that is experiencing profound change. Importantly, these recommendations could form the basis, and provide sufficient flexibility, for each jurisdiction to develop a blueprint for action.

One significant objective of this exercise is to ensure that the form of Canada's AHSCs is in keeping with their evolving function, and that they continue to address the health needs of Canadians. Furthermore, in the spirit of providing forward-looking leadership, this proposal identifies the need to take a more hands-on approach to the future of AHSCs, as opposed to letting their focus drift with the ebbs and flows of health reform.

Finally, it is clear that if this initiative is to be successful, it must be designed to work in close collaboration with a full range of constituencies across the health spectrum.

About the Authors

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