**Speaking Notes**

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Check Against Delivery

Introduction

Thank you \_\_\_\_\_.

And I want to applaud … an institution in this province.

That has, for decades, been at the heart of innovative policy thinking. Recognizing that a strong business environment helps to build strong communities.

Unapologetic of adhering to a set of principles and value that work … and unafraid to defend the interests of hard-working taxpayers, and job-creating organizations.

(PAUSE)

But enough about Hazel McCallion…

It is truly an honour to be here. So I want to thank the Toronto Board of Trade for inviting me today.

And I’d also like to thank Pfizer for sponsoring the Board of Trade’s Healthcare Series. This has become an important forum for pushing the envelope in the thinking we need health care in our country. So thank you!

[PAUSE]

I want to begin my remarks today … by reminding everyone of two absolute truths.

First, Canada is a great country. It is the greatest country in the world.

Second, we have a great health care system. A public health care system. A system that I believe in passionately, and that has been admired and modeled the world over.

In what other country is the health care system such a point of national pride – woven into the fabric of who we are and what we want to be?

But one of the things that makes Canada great, is that we are never completely satisfied with our health care system. And indeed, in 2011, a great deal of our time and energy is being spent on thinking of ways to make our health system better.

Because the truth is, the increases in the cost curve of running our health system … are simply not sustainable.

But Canadians have solved tough problems before. And we’re going to solve the problems that our health system faces, together.

(PAUSE)

There are countless new ideas, exciting innovations, and systems design breakthroughs that are just waiting for expansion – all of which have been born and raised in Canada.

Which brings me to the Ivey Centre for Health Innovation and Leadership.

It was created as part of the Richard Ivey School of Business – at the University of Western Ontario – because our health care system needs an incubator for system management change.

The Ivey Centre for Health Innovation and Leadership is focused on developing the leadership and change-management skills in health system executives. The people who lead and manage our system.

We want to develop leaders who can walk into a health care organization or company, assess what’s wrong with the system, identify the right solutions, and drive the change that is needed.

One part of the solution is training great leaders who know how to drive change. Another is to ensure that great thinking moves from the idea stage … to being a reality.

That’s why the Ivey Centre for Health Innovation and Leadership and encourages the adoption of innovation.

For our public system in Canada to be sustainable, it must become more efficient and effective. And to be more efficient and effective, it must become more innovative.

But here’s what’s fascinating. Our health care system is *resistant* to innovation. It is *resistant* to change.

We aim to find out why … and to develop ways to overcome that resistance.

(PAUSE)

Each year, the Ivey Centre for Health Innovation and Leadership hosts an annual conference, examining innovation and leadership in the health sector.

Last November, we hosted our second conference. And the overriding theme that emerged was the need for our system to engage the *consumers* of health care in the critically-important task of transforming our health system.

This is what I would like to speak with you about today: engaging *people* – the people who need and use our health system – in the process of health system transformation.

Engaging health care consumers has been the focus of our work in the past number of months, and will be over the coming months.

We’re excited. That’s because we believe that one of the keys to health system sustainability, is the engagement of patients. Our health consumers. And empowering patients to be members of their own health care teams.

(PAUSE)

Let me explain, and start off by telling a story of someone who needed help from our health care system…

*Last Thursday, a person with severe eczema, living in downtown Toronto experienced a flare up and required a refill on his steroid medication to ease the symptoms. He contacted his dermatologist and was informed he could not be seen until referred by his family doctor. The dermatologist had been caring for this patient, but had not seen him for over a year since his condition had been stabilized. The specialist required a new referral, which would have to be faxed to the office directly.*

*So the patient contacted his family physician, who saw him quickly and provided the referral. The patient took it with him, but learned it needed to be faxed in. Of course, like most people outside of the health care system in 2011, he doesn’t have a fax!*

*But not to be deterred, he contacted a family member who did have a scanner and fax machine.*

*The patient scanned his referral, and got his relative to fax it to the dermatologist, but the office’s fax machine was jammed. And since by then it was Friday evening, no one was going to see it until Monday. So, the patient would have had to wait until Monday and take a morning off work to deliver the referral in person; the very same referral that cost him a half-day of work on Friday to get in the first place.*

*Then, the patient’s pharmacist required an updated order since the number of refills has expired. Despite attempts by the pharmacy to contact the family physician for a new order, the pharmacy was unsuccessful. The patient had no choice but to go to the nearby emergency department to refill the cream that eases his pain.*

You’ve heard this story before … or ones a lot like it. Many of you have lived this story.

Between 1985 and 2005, per-capita spending on health in Canada rose by 50%, and it continues to rise, far faster than core inflation. Last year, 11.3% of our GDP was health care. Canadians spent $183 billion dollars on health care. That’s more than the entire GDP of Ukraine!

We spend more on health care in Canada … than the entire annual national output of a European nation of more than 46 million people.

Imagine how much better – in terms of patient outcomes and overall productivity – our health system could be if we got serious about fixing the kinds of efficiency problems that prevented that patient from getting the medication that he needed.

(PAUSE)

Imagine this scenario: a mother wakes up to discover her baby has an odd-looking rash.

Using her smart phone, she downloads a picture of the rash to a web-site, which connects her to a physician for a video conference. The doctor checks the child’s electronic health record, has a look at the rash, and prescribes an ointment. The mother can then can pick up the ointment at a pharmacy on the way to dropping her child off at day care.

Fast, simple, and efficient for both the mother in that story, and for the health system itself.

Now, let’s think about that mother.

As it turns out, modern technologies – and especially information and communications technology – are featured in the examples that I will speak about today, and the examples that are referenced in our White Paper.

Let me be clear: the way forward isn’t about building elaborate technologies. The way forward is about making life easier for the mother in that story. Or the patient who needed his dermatology cream.

Because if technologies are not consumer focused … and designed from the get-go to make life easier and faster for health care consumers and providers … people won’t use them.

People drive cars … because they’re relatively east to drive – and make people’s lives easier.

People use telephones – because they are relatively easy to use – and make people’s lives easier.

People will not use any technology – no matter how well-intentioned – if they aren’t intuitive, simple, and essentially instructions-free. Technology platforms, web sites, password codes, and other gismos that aren’t really easy … really clear … and really straightforward for that mother – won’t help her.

And to be blunt, the same level of simplicity and ease of use needs to be designed into anything to be used by colleagues of mine who are medical doctors, as well.

(PAUSE)

This is what being patient-centred is all about.

It means seeing things from the patient’s perspective. And that also includes treating people well – and offering better customer service to our patients.

A positive experience doesn’t just leave them feeling better about the hospital or health care provider organization where they received treatment.

It can also help deliver better clinical outcomes.

It lowers their stress. Makes them feel more optimistic. And reminds them that the people who care *for* them … also care *about* them.

But what I’m really talking about is a deeper engagement of patients. Getting patients thinking about, and participating in the design of their own health care.

And in the health care world, this is considered to be a radical idea.

(PAUSE)

Historically, our system was based on a one-way relationship between a patient and their health care provider.

It was considered taboo for patients to offer their own opinions into how they wanted their care to be designed.

For our health system to fundamentally address the twin challenges of a rising cost curve and an aging population, we must find ways to reach out to patients and support them to independently manage their own health and wellness, so there will be less need for expensive hospital care.

Now, I spend a lot of time in hospitals. And many of my best friends and most esteemed colleagues work within them. But let’s be honest: no one really wants to be in a hospital, unless they really, really need to be there. The vast majority of people would rather get better at home – wherever their home may be.

(PAUSE)

Now the good news is that we have a generation…

That is aging on the one hand … but highly rebellious, independent, and very happy to try new ways of doing things on the other.

This is the generation that demographers call … the Baby Boomers!

They are helping to lead the way.

Baby Boomers have always valued independence and wellness. They have pioneered social reform, and are willing to embrace social change. And many are also technologically savvy, and sophisticated when it comes to information technology.

In other sectors of the economy, Boomers have encouraged entire industries to transform themselves and adapt.

For example …

TD Canada Trust talked to its customers, and found that they had no time to do their household chores, including banking, from Monday to Friday. TD responded by opening a number of branches on Sunday afternoon. Remember when banks were open on weekdays from ten to three, and usually closed early on Wednesdays?

In the banking sector, like the tourism industry, and other sectors of our economy, quantum leaps have been made in efficiency and customer service. They recognized that you can serve people better – with less risk of error – while making your systems more efficient at the same time.

Customer needs have driven other sectors to modernize, and become more efficient. The same can be done in the health care sector.

Market research shows that 52% of Canadians believe health care requires fundamental changes.

10% believe the system needs to be rebuilt completely.

In other words, the climate is right for engaging patients who are frustrated and want change at a system level. The time is right to harness the power of consumers.

(PAUSE)

Which brings me to our White Paper – “insert title here …”

The White Paper we are releasing today is built upon the following hypothesis: for health system reform to be meaningful and sustainable, it needs to be based upon health consumer engagement.

Evidence shows that when a patient is better engaged in their own health care…

Is empowered with information…

And is equipped with the tools he or she needs to manage their own care…

They will be healthier, enjoy greater quality of life, and will not need more expensive parts of our health system as often.

And to achieve health care quality and sustainability goals, health provider organizations need to understand who their key consumers are, and what those consumers are demanding. That way, they can engage and empower consumers in their own health care.

(PAUSE)

The question is how?

Our White Paper lays out five strategies designed to increase health care consumer engagement.

First …

Health systems need to create structures and opportunities for patients to fully engage in their own health care.

Evidence from other jurisdictions shows that impressive results can be achieved when patients are empowered to manage their own health, and when they are part of the decision-making process when it comes to accessing specialized services. Engaged and informed consumers make better decisions about their own health needs and goals.

Engaging consumers starts with giving them the information they need to make better decisions. Online technologies can help do this.

Some are simple – such as appointment and referral management systems. Others are more complex – such as medication records and self-monitoring of chronic disease.

All these are critical building blocks that patients can use to take greater control of their own health care.

Now in the health care community, we’ve heard this before. The proponents of health technology have long promoted the benefits of digitizing our health records and administrative systems, and have stated those benefits in terms of increased system efficiency, lower cost and fewer errors.

And all those great arguments have resulted in a frustratingly-low rate of adoption, and relatively little tangible results to show for billions of dollars of investment.

Our belief is that my making health care consumer needs the primary driver of technology – and not the administrative processes of the system – we could get further, faster.

If the consumer was at the centre of the model – over time – they would demand better more convenient access to care. Just like people no longer have to fill out paper slips to make a deposit or withdrawal at the bank any more. As more consumers learned about and appreciated the benefits of not having to repeat their medical history to every specialist they see, the more adoption there would be for electronic medical records.

(PAUSE)

The second strategy to engage consumers is decidedly more focused on the way health practitioners work with each other, and how they interact with their patients.

Simply put, consumers are demanding that the entire health care team involved in a patient’s care efficiently communicate with each other.

Health consumers will demand, in this day and age of 24/7 mobile communication, that every member of their health care team should have access to all the information they need.

Streamlined information systems that, for example, utilize hand-held, mobile devices to support communication in real time, will end the frustration of staff constantly waiting for a response from a physician on call, a nurse who is with a patient, or a surgical team completing a procedure.

With the pervasiveness of tablet computers, every health practitioner could today have secure access to almost all of the information they would need.

From drug interaction data … to complex, high-resolution digital radiology images that can be shared at the push of a button.

Patients would have the benefits of their health providers following best practices, collaborating on their care in a holistic way, and making more timely decisions with all of the facts before them. And that would mean fewer mistakes, greater overall efficiency, and better results for patients.

(PAUSE)

Third, new technology and software being developed for our health system must support greater consumer engagement in accessing the health care system.

Up to this point, the overriding concern of health care technology developers has been to create systems with bulletproof security, and completely closed to the outside world.

While protecting privacy must remain an important component of system design, it’s time to get with the program.

Let’s let people gain access to more of their own health records, and let them determine who they share those details with. Let’s let patients have access to information and knowledge that could help and enhance physician diagnosis.

For example, new technologies are emerging around the world that automate best practice guidelines. That way, if a best-in-class approach for treating a certain kind of cancer was developed here in Toronto, they can learn about it and implement it more quickly in other places.

Today, these knowledge resources are only available to health professionals. Why not at least make it available to patients and their families as well?

Does that mean that patients will be entirely responsible for their own diagnosis and treatment regimes? Of course not.

Ultimately, it is the physician and the health care team who will interpret and recommend the most appropriate course of action. But having the patient involved in the problem solving process is key. In fact, that more active level of engagement will result in better downstream consequences in their health outcomes.

Software developers need to create open, accessible technologies that simultaneously serve the needs of health professionals and health consumers – allowing them to engage one another in choosing courses of therapy that meet individual patient needs. The inclusion of patients in personal health information systems supports informed consumer decision-making that strengthens personalized treatment approaches.

Personal health record platforms such as TELUS Healthspace go a long way to achieving this, but what’s truly exciting about these technologies is that we don’t know yet where these innovations will take us.

We haven’t even dreamed yet of the next-generation app’s on these platforms that could someday completely transform the way many chronic diseases are managed.

(PAUSE)

Our fourth strategy focuses on the structures and capabilities needed to reach out to consumers and support health and wellness care at home.

As I mentioned earlier, hospitals are expensive places to provide care. And there is no shortage of truly sick people for whom care within a hospital *is* most appropriate.

But to control spiraling health costs and bed shortages in the years to come, our health system needs to do more to help keep people at home.

Providing support to help patients monitor and manage their own conditions, with the support of a medical team based in another location.

Connecting health practitioners and people in their homes offers health consumers personalized services that can reduce the constant and costly demand for health services in hospital or clinic settings.

A few months ago, I saw a demonstration of how a straightforward technology that most of us have in our home – our digital cable box attached to our TV – could be used as a two-way communication device.

It can allow an entire chronic disease care team to interact with a patient struggling with their diet and exercise regimen related to a chronic obstructive pulmonary disease.

The patient or family member would upload heart-rate, blood pressure or other data that would be viewed by a nurse or doctor on a regular basis. If there is a problem, the patient would get a phone call asking her to join a two-way video-call using her T.V. with her doctor at a certain time. She could also get coaching and other information on diet and exercise, fed back to the consumer through her T.V.

The patient never has to leave home. The doctor doesn’t need to make a time-consuming house call. And the entire engagement can be done quickly and efficiently. Bringing another family member who might be involved in the care-giving into the conversation is as simple as setting up a three-way telephone call.

(PAUSE)

Here is another example.

Research in Motion, the University of Toronto and George Brown College’s culinary arts students have partnered to push customized menus – tailored to different ethnic communities – out to people with diabetes in some of Toronto’s poorest neighbourhoods.

Mobile devices provided by RIM upload blood sugar data to the nurses and physicians who monitor progress.

And menus, exercise plans and personal coaching is pushed out via instant messaging. The patient is empowered with information and becomes much more involved in the management of their own care.

(PAUSE)

The fifth strategy we highlight, is system integration.

Some have said that we don’t really have a health care system – we have a number of independent silos that don’t talk to each other – let alone provide a holistic, integrated approach to care for our patients.

That’s why we need to streamline the flow of health information through integrated channels of communication to connect health care agencies more directly.

Our health systems need to integrate all the different, isolated repositories of information.

The idea would be to provide health providers and patients easy access to information. Make it easier to for members of a health care team to share patient records, diagnostic imaging, or chronic illness management data.

To be clear: this doesn’t happen very often today. Usually if you get referred to a specialist, your family doc faxes over only the pertinent information he or she thinks your specialist needs – not your full health care picture.

Getting access to your own health records can also be a challenge.

So creating one single, integrated health record for each patient is far easier said than done.

Too often in the past few years, technology has been deployed that has reinforced the inefficient and ineffective business practices that were once paper-based and are now electronic.

Other sectors went through this transformation too. Remember when accessing government services on-line meant printing the form off the computer and mailing it back to the government office? Well, health care technology today is still too often like that. Instead, health technology needs to be thought of us an opportunity to completely re-think certain business practices in health.

Let this be an opportunity for revolution … not evolution.

To not simply digitize existing processes, but to redesign them – or ask why it is we have those processes in the first place.

Consumers are demanding it. They deserve it.

They are demanding a system that seamlessly integrates and communicates critical data.

They want to be able to easily access their information, but also ensure that it remains private. This means that we need to think differently.

Most importantly, the consumer wants to be trusted, respected and empowered, especially if the information in question is related to their own health.

(PAUSE)

The five strategies we laid out in the white paper are all enabled by technology.

And, there is no doubt that technology has a critical role to play. In every other industry sector you can think of – from banking, to retail, to manufacturing – the deployment of technology has transformed that industry, made it more efficient and created entirely new economic models and businesses. Health care is no different.

But I don’t want to leave the impression that consumer engagement is only about technology.

There are other ways a consumer focus can have an impact on health care delivery.

A few years ago, Trillium Hospital in Mississauga began the process of building of a new hospital wing. They engaged their patients and asked them what they wanted out of their hospital experience. They expected to hear desires for better hospital food, and longer visiting hours … and they got some of that too.

But the overwhelming desire of patients who were forced to stay for a while in the hospital … was a bed that faced a window.

The typical old hospital architecture meant that in a semi-private room, one patient got the window and one got to look at a curtain. At Trillium, simply by engaging patients in the design of the hospital, the hospital beds were all turned at a 45 degree angle. That way, every bed faces a window.

What a great example of what it means to be consumer focused.

(PAUSE)

The opportunities for our health system are exciting.

Meaningful change means reversing the paradigm within our medical model. It means actively engaging consumers in their own care.

It means thinking about patients as customers … not as outputs.

We must trust and empower our patients – and their extended network of caregivers, family, and friends – with the information and tools they need to better manage their own care.

If we do, we’ll finally have a system that is sustainable, that focuses resources on those that need it most, and have a population that is healthier and more productive.

Canada has a proud tradition of excellence in health care. This is the country of Banting and Best. It is the home of pioneering work in surgical treatment – much of it done within a few kilometers of where we meet today. And, it is the country of Tommy Douglas – whose concept of public, universal health care has helped shape who and what we are as a people.

Let us take inspiration from the innovation and creativity of the past, and apply it in this new age. Unleashing the powerful idea of placing the consumer at the very centre of the design of the 21st century health care system.

Such a shift might not sound revolutionary. It might not feel like a quantum leap.

But it is. And if we can embrace this new way of thinking, our young, new century will be a time – once again – when Canada leads the world in health care thinking and innovation.

Thank you.