

Interview: Paul-Émile Cloutier - President, HealthCareCAN, Canada



"Health research and research hospitals play a significant role in the Canadian economy."

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Paul-Émile Cloutier, president & CEO of HealthCareCAN, the national voice of healthcare organizations and hospitals across Canada, highlights his ambition to make HealthCareCAN the go-to resource on healthcare system topics, the importance of bridging the gap between innovation and health, and his philosophy on the key elements supporting fruitful partnerships.

As the recently appointed president and CEO of HealthCareCAN, which is currently near the end of its 2015-2018 Strategic Plan. What is your current vision for the organization?

I am only four months into my appointment and there is an upcoming Board meeting at the end of October to discuss precisely the direction we should be taking to secure a strong future. Here are some preliminary thoughts.

This association may be small in membership and staff but it is mighty. While HealthCareCAN in its present form was newly established four years ago, it was a merger of two distinguished associations - Canadian Healthcare Association (CHA) and the Association of Canadian Academic Healthcare Organizations - with significant institutional knowledge and a sense of authority and power to influence. It comprises entities like the University Health Network (UHN), Sunnybrook Health Sciences Centre (SHSC), Fraser Health, Sainte-Justine Hospital, which are all world-renowned. There is power and a tradition of innovation behind these names, so part of my vision

will be to ensure that we become the go-to place for the Government of Canada on topics relating to the healthcare system.

My second priority is on outreach. As we are small, we cannot do everything. We cannot be all things to all people. We need partners to develop the positions we want to advocate – and we need to do greater outreach with our existing partners and create new alliances as we move forward.

As for the third one, probably one of the biggest, I find today, personally, that we need to redefine the ‘H’ in hospitals, because too many people see them solely as a provider of emergency and acute care. The member institutions I represent do that but there is no question that these institutions have contributed to improving the health of Canadians. Their work in the area of innovation and research has led to the transformation on how we treat disease, allowing people to live better and longer lives, be more productive, reduce mortality, leading to a more prosperous society.

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In doing so, they are very much an economic driver. Health research and research hospitals play a significant role in the Canadian economy. According to a Conference Board of Canada report (2013) entitled “*Health Care in Canada – An Economic Growth Engine – The Economic Footprint of Health Care Delivery in Canada*” – health care spending in Canada contributed more than 1 percent of the national GDP in 2011 and supported more than 2 million direct and indirect jobs. Furthermore, for every dollar spent, Federal, provincial and territorial governments collected almost 22 cents in taxes. I feel sometimes that the Federal government overlooks this aspect. For instance, our member hospitals should be included – if not integral – to the innovation and growth agenda.

As an example, Sunnybrook Health Sciences Centre’s [Cancer Ablation Therapy Program](#) is implementing a treatment that destroys cancerous tumors without the need for invasive surgery. With the generosity of a thirty-three million dollars (CAD) private donation, the hospital was able to purchase equipment, including a Gamma Knife. Some of the equipment was delivered the weekend I was there. For a particular brain cancer, this equipment is able to detect and diagnose in two treatments rather than the previous model, which required 18 treatments!

This initiative will result in longer lifespan and higher economic productivity, and therefore has significant productivity gains: the patient does not have to visit the hospital 18 times, the patient’s family is less anxious and distracted, the hospital uses fewer resources – there is a huge positive impact. This was done without any government subsidy or funding. That is economic development in the making.

On that note, we have heard from various stakeholders that this siloed approach that sees health and innovation as distinct is a challenge in Canada, as well as a collaboration gap between industry, academia and government, to some extent. How can HealthCareCAN break down these silos and promote more cross-sectoral collaboration?

It is certainly a highly topical issue of major importance. Within the health care system, there is a lot of discussion regarding reform: moving to a more integrated model for providing services in a more efficient way. A lot of work is being done in this area. I believe that at the Federal government, there is a bit of silo trending when it comes to the role of healthcare. The Federal and provincial governments see hospitals as a cost centre, while we are advocating that they are an economic driver in terms of employment and generating taxes. I am not only speaking about research hospitals but also community hospitals, where they are often the only major employer in smaller communities. There is a return on that investment.

I am glad that the Federal government has taken concrete steps like the Strategic Innovation Fund and the super-clusters initiatives to show industry and all partners that Canada is open for business. We have lobbied significantly with The Honourable Navdeep Bain's office as the Federal Minister of Innovation, Science and Economic Development to ensure that research hospitals be part of their process. We now have a few hospitals that have partnered with the private sector to respond. A hospital or a research institution can partner with the private sector academia. This will bring better health outcomes in the long term as well as gains to the private sector.

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I would like to emphasize that all stakeholders need to work together on this. It is about working together. Breaking down silos is very much an issue of mindset, which is sometimes more challenging to implement, but I know hospitals are working hard towards this goal.

I recall that in other areas of research, before we could get any funding from the Federal government, we would have to secure the private sector's participation and commitment. This is a sound business approach, but not always easy to implement. We all know that the private sector or for that matter any financial partner will not join an initiative if there is no long-term funding model. The private sector normally prepares a business plan that is longer than one year; their usual practice is a five- to ten-year forecast, hence the need for government assurances to be longer than one year to provide stability in the funding model.

In such cases, our task is to convince the government that if they do not provide us with predictable and sustainable funding, regardless of which sector we work in, genomics or health or so on, it will make it difficult for us to have industry buy-in.

I also believe that the Canadian industry is a little timid when it comes to investing in research projects, compared to countries like the US, Australia and the UK. There seems to be a sense of anxiety because it is such a big unknown. Resources can be invested in fundamental research without the guarantee of a commercializable product at the end.

Given its proximity to the US, how can Canada compete for investments and health innovations with its neighbor?

My staunch belief is that we should not necessarily compare ourselves to the US simply because they are so close to us. I believe we should compare ourselves more to Europe, the United Kingdom, Denmark, and Australia in terms of how we deliver healthcare and how we can innovate. The US is certainly a very powerful country of innovation within the healthcare space. But their spending on health is also astronomical! In the latest Commonwealth Fund healthcare analysis, Canada does not fare well, ranking ninth out of the eleven selected countries – but above the US, despite the fact that they spend much more than us on health. We do need to do a lot more work in terms of quality of care and health outcomes, but we need to look at other countries.

On that note, what insights can HealthCareCAN offer when it comes to improving Canadian health outcomes?

It is not just us, we are part of the continuum – you have to bring together the providers, the nurses, and every entity that has a stake in the delivery of healthcare, and work at trying to find the best ways to improve the health outcomes of Canadians. That is extremely tough because it also involves social determinants of health. We know that health outcomes can be shocking in some parts of Canada, and there are major health inequities throughout the country. In particular, I am glad the Federal government has made the health of our indigenous populations a priority because there is significant unmet medical/health need there. But no one has the magic solution. You need to bring the players together to look at the system and address the inefficiencies.

On a separate note, I also worry about the inevitable transformation that will take place in our healthcare system. Hospitals have been transforming themselves more than once. The way a hospital manages itself today and the way it will manage itself in 20 years will be totally different. Technology will overtake the sector; the way you deliver care to patients will change radically. Patients may not even be in hospital for many types of treatment. Furthermore, patients are

becoming more demanding, and are keen to seek control and to manage their own healthcare. The fact that we have a fast-aging population will complicate matters. I suspect we should be more aggressive in looking at these aspects of healthcare delivery and try to find the right prescription in our health system for the future.

I know we are going to be forced to make choices and changes when the time comes, and we will need to have leaders that are not resistant to change, and can adapt to change very quickly. Kaiser Permanente is a good example of how one can adapt to change.

Nevertheless, HealthCareCAN represents some of the best hospitals and research institutions Canada has. What best practices can you share from within the HealthCare CAN network?

Some of our members are leaders in patient safety and measuring healthcare quality. Others have distinguished themselves nationally and internationally in terms of person and family-centered care models and patient experience. Other HealthCareCAN members are leaders in the integration of care and care transitions, for example from hospital to home. The Canadian system can provide many examples of innovation that we need to spread across the country and beyond.

Throughout your professional career, you have worked on initiatives requiring close collaboration between stakeholders from all sides. What are the key elements that characterize successful partnerships?

My philosophy is that when you do collaborate, we all win. You have to ensure that everyone at the table has their stake and are able to present their case. Simultaneously, you have to be conscious that even as you collaborate with others and become one voice, your perspective may become diminished because there are other perspectives in place, other factors. You need to involve the right partners and choose the right model of partnership for your purpose. Also, to define the future together, the goals and objectives need to be aligned. Constantly communicating to membership regularly regarding the outcomes can prove to be very useful. This needs to be managed without sacrificing the good will of the community.

It is also crucial to try to align yourself with groups that are likely to be receptive and to have similar objectives. For instance, antimicrobial resistance (AMR) is a key focus for HealthCareCAN. We have been successful in attracting some 30 national organizations to enhance our advocacy efforts in this area. We are very involved on the health side, but we know there is an agricultural aspect and an animal dimension to it. We are going to reach out to both groups in order to get a sense of their strategy, best practices and efforts when it comes to advocating with government

entities, and explore potential avenues for cooperation.

As a final illustration, we recently produced new association materials, where we included the following African proverb: “if you want to travel fast, travel alone. If you want to travel far, travel together”. That really encapsulates the experience and the philosophy of an association like HealthCareCAN.

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