

Interview: Ken Spears - Vice President & General Manager, Boston Scientific, Canada



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Boston Scientific's vice president and general manager Ken Spears shares his thoughts about the potential for Canada to become an early adopter of innovation and to move towards an outcome-based healthcare model and the medtech solutions Boston Scientific is introducing in the Canadian market.

You are yourself a vocal advocate for outcome-based healthcare models. How do you assess the willingness to implement these models in Canada?

Today, healthcare systems are focused heavily on reducing the cost of healthcare, and that means looking to obtain better patient outcomes at a faster rate, with less resources. At Boston Scientific, we have definitely heard the call to help reduce system costs while improving outcomes loud and clear, and it is both affecting which innovations we choose to move through our research and development process, and which we choose to launch in countries like Canada. Our focus on left atrial appendage closure is a good example of this. We've been sensitive to the calls from payers to reduce the cost and truly debilitating effects of stroke (both on patients and their families), and looked into technologies we could create to prevent them from happening in the first place. This led us to first create a device that isolated a part of the heart where stroke-inducing clots are more likely to form, and then determine it was a good fit for Canada where the costs of stroke are high, the impacts on patients are severe, and outcomes after strokes are variable. Subsequently, the Ontario Office of the Chief Health Innovation Strategist (OCHIS) has issued a recommendation for

adoption of Watchman™ driven largely by the provincial health technology assessment organization citing its good value for money – or in other words the incremental costs are marginal in comparison to the outcome gains. It has not been adopted yet, but the fact that it raised the interest of the OCHIS demonstrates that there is an incentive to drive forward the continuum of care from that perspective. This is very encouraging, illustrating the fact that authorities are considering adopting more outcome-based models.

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While it seems that the willingness to adopt value-based procurement is present, implementation does not always follow suit. Where would you say do the Canadian authorities need to improve?

Canada is looking back on twenty years of rationing access and cutting prices on the inputs into care, a logic that as we see today is simply not working. The consequence is that we have a fractured and siloed system that is adopting innovations slower than most of the world. I think that if we want to compete globally and position Canada as a worldwide leader, we first have to ensure the alignment of all stakeholders. From the regulatory agencies to the government payers and funders, the policy makers and the healthcare providers to the industry, consensus and a common will to move forward in the same direction is required. Only then will innovation adoption bodies and procurement agencies have the clear and specific direction they need to move forward with value-based procurement. Simply put, until we have a shared definition of the outcomes we want to achieve, we won't have a shared definition of value, and without a shared definition of value we can't implement value-based procurement.

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There are jurisdictions where the government has acknowledged its role in enabling innovation adoption and they have done a great job of coordinating the actions of multiple organizations in the same pursuit. This has made those systems – Germany and Australia, for instance – great receptors for innovation. The benefits aren't just in getting patients access to better care, but also in driving economic activity through increased local investment by the very innovators looking to get their technologies adopted. Canada has a little more work to do in getting everyone on the same page. There is reason to think we can get there. The dialogue has started.

What role can and should Canada play within the global life sciences landscape, and what is to be done to attain this position?

Canada is uniquely positioned to have an impact in the life sciences landscape because of its natural riches. The population is growing and diverse, it boasts academic leaders clustered in a small handful of localities, institutions that have pioneered many approaches in modern medicine used throughout the world, and it is integrated in the global supply chain. It should be a leading

power in a host of life sciences activities, from clinical trials to research, development and manufacturing. It's been held back, however, by its reluctance to adopt the kinds of demand-side policies that commit resources to pulling innovations into its healthcare system that it has applied in priority areas like renewable energy.

Collectively, we need to shift our mindsets about the role of healthcare as an economic driver rather than a cost center if we're going to tap into that potential. We could have a system that simultaneously improves patient outcomes and creates a sustainable system that allows patients early access, while at same time driving the economy. This is what we should aspire to.

How do you advocate for Canada at HQ level?

One of my roles is to advocate for Canada as a market within the company, and Canada is naturally competing with the rest of the world. I believe a common effort of all stakeholders involved is what is going to make Canada more attractive. The country has to step up as a whole and voice its willingness to become the investment terrain it aspires to be. For now, Canada is not getting the attention it deserves. We have to step up our game and become more serious about offering incentives and promoting those.

Transforming something that might be perceived as a disadvantage into an advantage can do this. For instance, we have a 100 percent public payer system, which can be a headwind but also an opportunity. Payer and provider are one and the same, and this provides us with a unique opportunity to capture data, which is highly beneficial in driving forward telehealth for example. This is typically one of the fields where Canada can seize the opportunity to be a fast mover and secure innovation for its healthcare system. Canada has to become a milieu where we learn to adopt technology quickly, but like a muscle, this capacity has to be trained and built up. Likewise, if the government were to expand its incentives to invest in Canada, I am convinced that this would be met with very positive response in the industry, and that private players would step forward and assist the government in their endeavor to drive investment in life sciences.

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