

The Health of Our Nation – The Future of Our Health System: The National Expert Commission on the Move

Michael Villeneuve, RN, MSc
Executive Lead, National Expert Commission Secretariat

The looming end of 2011 finds CNA's National Expert Commission wrapping up a jam-packed fall during which we had the privilege of speaking with nurses, members of the public and government leaders in all six of Canada's time zones, literally from Victoria to St. John's, and from the Far North to downtown Toronto.

Since late August, we have spread out in small teams, conducting focused conversations in roundtables, speaking (and listening!) at conferences and in classrooms, and having one-on-one meetings with leaders who have influence and interest in the broad arena of health and healthcare policy. In our professional meetings we have had the tremendous support of CNA's members in every provincial and territorial jurisdiction, as well as its network of associate and affiliate members and emerging groups. They all have been a great help to us in making the mandate of broad consultation come to life, and we are grateful.

Our exciting partnership with YMCA Canada, being facilitated by our Toronto-based partner MASS LBP, led to health and healthcare discussions by public groups in YMCA venues in 19 cities from coast to coast. The two opening sessions, in Calgary and Toronto, were held with groups of youth who were well informed about health issues and bursting with innovative challenges and ideas for CNA.

Nik Nanos and his team at Nanos Research have begun our public polling, with answers to our first two questions already being analyzed. And through our partnership with the Canadian Health Services Research Foundation (CHSRF), three peer-reviewed research syntheses are being led by doctors Carles Muntaner (University of Toronto), Gina Browne (McMaster University) and Stuart Soroka (McGill

University). Their work has been commissioned to support our “triple aim” of better health, better care and better value, respectively. In the end, the Commission also will speak to the aim of “best nursing” as we imagine different ways of supporting human health in the future.

So we are coming at these thorny policy and program challenges from many angles, determined to discover the hard evidence, compelling stories, lived experiences and tested solutions that can inform our Commissioners’ thinking and recommendations. Apart from being warmly welcomed everywhere we landed, our Commissioners have been hearing articulate and worried concerns about individual and population health from professionals and the public alike.

Many of the solutions we are hearing will not be new to readers of this journal. Some are decades old, and there seems to be broad consensus on their sensibility and cost-effectiveness. But collectively, we haven’t implemented them. We are still spinning in the circular “long emergency room wait times,” “ALC beds” and “access to post-hospital care” discussion. Given the demographic realities ahead of us, and the reality that public pockets are only so deep, we all know it’s long past time for definitive action.

In its thoughtful submission to the Commission (featured in this issue), the Academy of Canadian Executive Nurses (ACEN) talks about “avant-garde” leadership and calls for a “singular, compelling vision and a performance orientation” to effect large-scale change. That call for an imaginative vision – the “something special” Canadians can feel energized by and really get behind – gets to a critical missing link, in my opinion. In a world that is increasingly “boundaryless,” where Canadians travel virtually as well as geographically across old borders every minute of the day, we still operate what amounts to a series of discrete health systems, all with their own rules and processes. And years into the information age, for the most part our health systems are unable to speak with one another, even across similar settings within most small towns. Canadians are clamouring to hear that someone “up there” has a vision of ways to pull it all together and to build it into a big, exciting and effective pan-Canadian system.

ACEN leaders have nailed an important strategy in their call to build in “local flexibility” that can support the larger systemic vision. Certainly, in a country of this size, that sort of flexibility will be necessary. Even within the neighbourhoods of our diverse cities, we need to approach health with that kind of flexibility. Health and care that is centred around real people and communities means we are going to have to actually change our approaches, really shake things up. ACEN’s recommendation is the kind that will help us address a major challenge for the Commission: the public and health professionals are hungering for the exciting

national vision, but also for its essential twin – a sensible plan to translate vision into action.

As winter seeps into Canada, the Commission will be less visible on the road, but we will not be hibernating! Our time on the road will wind down as we make time to take it all in and have a hard think about everything we have heard and read. And to answer the call that we imagine a true transformation of the ways we think about health, promote and support it, boost wellness across society, provide superb acute care within and beyond hospital walls, help one another to ease through old age as healthfully as possible, and surround ourselves with support at the end of life. And as we think not just about the “what,” but the “how to,” we continue to welcome your stories, research and examples of innovations that can help us in this very complex task.

On behalf of our co-chairs, Marlene Smadu and Maureen McTeer, let me thank ACEN for its very informative submission, which will be received by the Commissioners with great interest. I hope you all will plan to join us in Vancouver, where the Commission’s report will be tabled at the CNA Convention on June 18, 2012!



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