

Insight

In conversation with

# Simon Kennedy

Ken Tremblay



Simon Kennedy was named Deputy Minister, Health Canada, in January 2015. With 9,000 employees working coast-to-coast, Health Canada provides a unique spectrum of services spanning food and drug safety, health services to federal employees and public health, disease surveillance and research. Previously, Simon served as Deputy Minister, International Trade, where he provided leadership to the Canada-European Union Economic Trade Agreement and the Canada-South Korea Free Trade Agreement. Prior to those negotiations, he was responsible for Canada's foreign investment review regime, work that included significant work with the US counterparts; particularly noteworthy were the Canada-US Beyond the Border Working Group and Action Plan for Perimeter Security and Economic Competitiveness. His career in public service started in 1990 with roles at Transport Canada, the Canadian Coast Guard, Agriculture and Agri-Food Canada and the Privy Council, culminating with two Deputy Secretary postings to Cabinet: for Operations and for Plans and Consultations. Mr. Kennedy holds a bachelor's degree

in public relations from Mount Saint Vincent University, a Master of Science in Communications Management from Syracuse University and ICD.D designation from the Institute of Corporate Directors.

HQ's Ken Tremblay caught up with him earlier this year.

**HQ: Welcome to healthcare. With some 25 years of broad-based experience at the federal level, what factors influenced your career decision to join Health Canada?**

SK: I was thrilled to be named Deputy Minister. As a career civil servant, you look for a challenge and one of the things so interesting about Health Canada is that it has all the key functions of a major government department under one roof. As a regulatory organization, we have a critical mandate to help ensure the health and safety of Canadians. As a policy setting organization, there are many issues with health and healthcare where policy decisions need to be made. We're an

operational department providing services to First Nations and Inuit across Canada. The Health Canada team has an excellent reputation and its public policy mandate affects every Canadian. It's a real privilege to be here.

**HQ: How did you approach those first days at Health Canada? What was familiar and what were some early lessons learned?**

SK: One thing familiar is that it is a government institution and, like all government departments, some elements of how decisions are made are common to Health Canada: we have a minister and the minister is a member of the cabinet. Our organization has to conform to all the various policies set by the treasury board and so on. For someone who has worked in a variety of government organizations over the years, these are systems and processes with which I am familiar.

The areas with less familiarity are specific files at Health Canada. My initial focus was to get briefed and to very quickly get immersed in the specific issues within the departments. Because of the breadth of the issues at Health Canada, there was an awful lot to learn. My first focus was to gain an understanding of Health Canada's key priorities and the details of the various issues.

**HQ: Health Canada's mission and vision speak to its mandate to improve the lives of Canadians such that we are "among the healthiest populations in the world as measured by longevity, lifestyle and effective use of the public healthcare system." As Deputy Minister, what speaks to you as the road ahead?**

SK: One of the things that struck me was that many of the forces at work in the other portfolios were also at work in Health Canada. You can see the impact of an aging society and globalization where the production of goods and services, medicines and medical devices, etc., are increasingly international and outside Canada's borders, e.g., pharmaceuticals and other products that come in from outside of Canada's borders. Whether it's the pace of change, innovation or new developments, these are quite exciting in the health field. New therapies, biologics, these sorts of things, have the potential to challenge us and to be beneficial to the health of Canadians. A major concern of mine is to ensure that Health Canada continues to stay abreast of these changes, to be relevant and adept at carrying out its mission for the health and safety of Canadians. The world is changing and we need to make sure that our approach stays relevant with it.

**HQ: Iconic to "Medicare" in Canada is jurisdictional tension between federal and provincial counterparts, from funding and standards to compliance and**

**outcomes. What experiences and perspectives do you bring to these discussions where national, provincial and territorial interests must find common ground and strategies?**

SK: There are always jurisdictional questions when it comes to the federal government working with the provinces. But that doesn't mean that we can't work well together and find ways of collaborating. My experience over the years has been that there are always opportunities to work together to achieve better outcomes for the citizens. At the end of the day, we're all serving the same people to get the best outcome.

My early career at Agriculture Canada included an area under the constitution where there is shared constitutional jurisdiction with the provinces. In fact some programming was jointly administered with the provinces. Both [parties] had direct responsibility for some programming. With healthcare, the constitutional arrangements are obviously different but there are tremendous opportunities to work together.

You can see that in that the Government of Canada provides significant funding through the Canada Health Transfer that supports provinces and territories in the delivery of health services. Federally, CIHR (Canadian Institute of Health Research) is a major funder of research across Canada and the Government of Canada has been a major supporter of electronic health records and e-health infrastructure at Canada Health Infoway. Another example of collaboration is the Canadian Institute of Health Information, where provincial representatives sit on the board and the provinces provide data to CIHI.

There are always going to be differences and sometimes they can become a focus. Conflict is always interesting: it gets the headlines but there are so many ways where we work together. My focus as deputy minister will continue to be to build collaborative relationships with my provincial and territorial colleagues as we work together for the common good.

**HQ: Some have argued that Canada's performance on the global stage has waned, vis-à-vis health outcomes and system performance. How do you see Canada's journey with healthcare changing to address that observation?**

SK: That comparative analysis is important if you want to stay sharp with your competitors. I have had these discussions with colleagues in Canada and from other countries. There are areas where our performance is not at the top of the list; on the other hand, there are other areas where we do very well.

Much depends on which statistics you're looking at. For example, Canada does quite well in health outcomes but not so well with certain performance indicators. So, it's really important to know which statistic is being referenced because depending on the actual measure we can be better or worse.

The important thing is not to rest on our laurels. My focus at Health Canada is to look at how we are doing relative to peers and other countries and the direction of our trend lines. We need to ensure that we're adapting and responding to the evidence in such trends.

**HQ: A pan-Canadian solution to the information age has been a huge challenge to shepherd, perhaps policy but more so funding and deployment. What are your thoughts about how Canada's healthcare system should approach the issues and challenges inherent in a national e-health strategy?**

SK: Canada Health Infoway's collaborative efforts are to create the conditions for a compatible information structure across the country: to develop common standards for data and to design a funding model supporting projects that will lead to interoperability of systems. There are challenges inherent in building a system that's interoperable across 13 jurisdictions, from one ocean to another. What we've tried to do is create the right conditions to have those systems talk to each other. While that work is not obviously finished and there have been good strides in the right direction, a lot more needs to be done to achieve a fully electronic system across the country.

**HQ: The Canada Health Act is central to any discussion about the future of healthcare and the responsibilities and accountabilities of its many stakeholders. With such diverse perspectives and expectations, how do you see these players achieving a consensus view on healthcare's triple aim: better access, better outcomes and lower costs?**

SK: There are a variety of ways in which the various jurisdictions can learn from each other and support the dialogue needed for continuous improvement. For example, the Canadian Foundation for Healthcare Improvement does a great job in sharing innovations in one part of the country or health system with other parts of the system. We have mechanisms in place to facilitate the sharing of best practices. When it comes to applying the latest health research to real-world settings, the Canadian Institute of Health Research, through its strategy for patient oriented research, has been examining how you apply the best research to clinical settings. These are the kinds of venues and mechanisms in place to actually facilitate those kinds of exchanges across the country.

Since the provinces manage their health systems, Canada enjoys many advantages. It supports innovation and different approaches. That kind of innovation and experimentation produces a lot of good results. Because we have different

jurisdictions managing their own systems, we don't have a single approach or one-size-fits-all approach in Canada. We need these mechanisms to share best practices and to learn from each other.

One example of the things that the federal government has tried to do is support innovation and the sharing of best practices across the country. Minister Ambrose struck a panel of eminent Canadians on healthcare innovation, led by Dr. David Naylor, to engage in a dialogue about this issue of health innovation: how do we ensure that Canada continues to adapt to all the health issues and challenges we've been talking about. That panel is going to report in June.

**HQ: Unique to Health Canada are its healthcare responsibilities for First Nations and Inuit. With a challenging list of complex issues, how do you see Health Canada and its partners addressing the pressing needs of First Nations and Inuit communities?**

SK: This is a very important responsibility, one priority we take very seriously. The vast majority of Health Canada's budget supports our mandate for First Nations and Inuit health, about \$2.5 billion per year. Ensuring excellence in program and service delivery is critically important and a key focus for both the First Nations and Inuit health branch and me.

It's very important to work closely with the First Nations communities themselves to build strong relationships. A good example is in British Columbia with the transfer of services to the First Nations Health Authority where the First Nations community have taken direct control and oversight of their health services. Evidence shows that where First Nations communities take greater charge and better control of their resources, they achieve better outcomes.

**HQ: Health Canada plays a leadership role in the health and safety of food, water, drugs, chemicals, consumer products, medical devices and technology, among others. Given the global nature of today's supply chain, how do you strike balance between entry to market/technology transfer and ensuring that Canada is user-friendly to innovation?**

SK: Health and safety clearly come first and are a top priority for Health Canada. We're also mindful that many of these innovations and developments hold tremendous promise for Canadians. There is a constant balancing act: ensuring the highest standards for health and safety but also enabling innovative new products to come to market where they have the potential to make advances in health and safety. We work very closely with regulatory colleagues in other countries where

we share best practices and information and data. That helps us to ensure that we stay abreast of the latest trends. There is an agenda at Health Canada to ensure that our regulatory regimes are up-to-date and take into account the latest developments internationally.

Vanessa's Law, which the government passed not that long ago, is a significant update to our regulatory framework which will allow us to move quickly to deal with labelling requirements or the need to withdraw products from the market quickly. Vanessa's Law provides for a series of new authorities that Health Canada will receive to enable us to respond more quickly to changes in the environment.

**HQ: Engagement of stakeholders is critical for organizations such as Health Canada. How do you see that activity unfolding as we sponsor 21st-century solutions for 20th-century problems: e.g., reducing the social impacts of living longer, improving access to timely care, integrating models of care, etc.?**

SK: It's very important to engage with stakeholders, a priority I have had throughout my career. Engagement is a critically important part of Health Canada doing its job well. It's very difficult to manage an organization well without understanding the external environment and to get out of my office and talk to a variety of people, including staff. This is a very large organization with locations all across the country and all kinds of expertise: scientists, chemists, biologists, radiologists, policymakers and service providers such as doctors, nurses and others. Getting out and talking to employees is really important to understand how the organization works and what people at the front line are thinking and doing.

It's important to talk to my provincial and territorial colleagues because the provinces and territories are major, front and centre, players. As well, there is the private sector where many different private organizations play a key role, whether it's intelligence about new medicines, medical devices or technologies. Speaking to representatives in the private sector gives you a sense of what innovation might be coming down the pipe.

**HQ: Health Canada currently functions as leader/partner, funder, guardian/regulator, service provider and information provider. As we shift the emphasis of government away from direct service provision and system funding to purchaser and regulator as a means to better control costs and drive accountability, how do you see Health Canada's role changing over time?**

SK: Our mission is to support the health and safety of Canadians. So, we have and will continue to have an important role as a policy and regulatory organization with activities across a broad array of areas, pharmaceuticals, medical devices, biologics, food, consumer products, etc. I would see these core regulatory functions continuing into the future.

Health Canada is a significant health service provider to First Nations and Inuit but, as I mentioned earlier, the BC example may be a trend towards greater First Nations ownership and control over those health services. I think those two critical roles in the Canadian system will continue.

Significant shifts that you're describing in service delivery are perhaps less applicable to some of the major roles that we play as an organization because those roles are actually central to the roles of the department.

**HQ: I note your *alma mater* at Syracuse University include Aaron Sorkin, Bob Costas, Ted Koppel, Steve Kroft and Joe Biden. Is there life after Health Canada?**

SK: I really like Syracuse University (although I'm not quite so sure about their mascot named Otto the Orange). I was in New House graduate, its communications school probably one of the better known or if not the best known for broadcast journalism. As you noted, Steve Kroft is a graduate but I've never really thought of myself as being in the company of Joe Biden or Aaron Sorkin.

**HQ: Any sense of what you want your legacy to be at Health Canada?**

SK: Like any good senior official, supporting my Minister is a top priority. I want to make sure that I help her achieve her objectives. To support the continued strong role that Health Canada has played in ensuring the health and safety of Canadians means continuing to adapt the organization with emerging realities. Health Canada needs to remain ahead of the curve with respect to dealing with new developments in Canada and internationally.

As deputy minister I want to make sure the organization remains excellent. We need to continue to attract the best people, to have modern tools that help us deal with new challenges, to build new relationships with my provincial and territorial colleagues. And, you always want to leave an organization better. This is a great organization but as the deputy minister you always want to come in and try to make it an even better place.

**HQ: Thank you. HQ**