

CSA PUBLIC POLICY CENTRE

CSA Policy Pathways Conference: Advancing Canadian Health Care

Post-Conference Summary Report



About CSA Public Policy Centre

For over 100 years, CSA Group has been working to help make Canada safer and more sustainable. With a mandate of holding the future to a higher standard, we have a vested interest in the social, economic, and environmental challenges that policy makers and governments face when addressing the evolving needs of Canadians.

The CSA Public Policy Centre raises critical issues, provides thoughtful analysis, and produces new ideas and policy pathways for Canada's most pressing policy challenges. Building on the organization's long history of cooperation and inclusion, we facilitate conversations, raise awareness of emerging issues, and promote collaborative, evidence-based solutions.

The CSA Public Policy Centre is focused on four key priorities:

- Promoting inclusive economic growth
- Supporting public sector innovation
- Enhancing the health and wellbeing of Canadians
- Advancing environmental sustainability and climate resilience

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Conference Snapshot

On November 7, 2024, CSA Group hosted its inaugural Policy Pathways conference, *Advancing Canadian Health Care*. The conference brought together nearly 300 attendees from government, industry, community, and academia to discuss innovative solutions and implementation pathways to build a better healthcare system in Canada.

Canadian Health Care: Setting the Context

CSA Group's conference comes at a critical moment in Canadian health care: Canada's healthcare system is not meeting patient needs and there is urgent demand for actionable, innovative solutions. Many Canadians cannot access primary care providers or mental health services, wait times are climbing, and there is a shortage of healthcare workers amid recruitment, retention, and attrition challenges.

While Canada is a place of strong ideas and evidence, the stumbling block is implementation. Even the most promising solutions are not always translated to scalable, sustainable initiatives across the healthcare system. This is a product of overlapping challenges like fragmented systems and services, insufficient funding and resources, and the lack of a unified, ambitious vision for high-quality, accessible care. To move from ideas to action, the healthcare system needs open, ongoing dialogue that clarifies the role of each service system and government in implementing solutions.

Key Insights

New models of care are essential to meeting healthcare needs. The future of health care is team-based, patient-centered, and delivered in the community, but this transition depends on implementing coordinated solutions rather than fragmented ones. Care is most sustainable and cost-effective when it is integrated with social supports and accessed outside of traditional healthcare settings.



Solutions need to reduce provider burnout, not make it worse. Digital health tools and redistribution of tasks across the healthcare team can address capacity and burnout issues, but they also have the potential to introduce more work and responsibility if they are not implemented thoughtfully.



Red tape makes it harder for patient-centred care to become a reality. Restrictive policies and funding models are preventing healthcare providers from putting patients first, while jurisdictional debates and an overemphasis on liability slow progress on expanding the scopes of practice for regulated healthcare professions.



Potential Policy Pathways

1 Building a Robust Primary Care System

The issue: Primary care is the front door to the healthcare system but is no longer a functional system. Solutions are available, but the mental models of what works in primary care and Canada's technology and policy landscape are holding Canada back.

The path forward could include:

- **Expedited pathways** for inter-jurisdictional and international healthcare professionals (such as pan-Canadian licensure) to increase the supply of primary care practitioners
- **Expanded scopes of practice** for all healthcare professionals to include the full extent of competencies they are trained in and delineate how primary care responsibilities will be distributed in practice
- **Compensation policies** that facilitate equitable billing practices across professions and account for provider time, patient interaction, and patient complexity in fee structures
- **Identification and removal of legislative and regulatory barriers** to replicating primary care innovations among provinces and territories
- **Tailored approaches to staff retention** based on individual career and workplace priorities (e.g., learning about preferred skill development and forms of recognition)
- **System navigators on primary care** teams to match patients with the extended services they need, lessening the burden on primary care practitioners

2 Modernizing the Canada Health Act

The issue: The *Canada Health Act* (CHA) in its current form may not be the right tool—and is certainly not the only tool—to solve practical healthcare issues, guide a changing healthcare landscape, or improve accountability in the healthcare system.

The path forward could include:

- **Amendments to the CHA** that strengthen its principles through clearer definitions, outcomes, and jurisdictional responsibilities
- **Complementary healthcare legislation** that works alongside the CHA to address new healthcare issues and trends, outline clearer jurisdictional responsibilities, and delineate stronger accountability mechanisms
- **Expanded role for the pan-Canadian health organizations** (e.g., Canadian Institute for Health Information, Healthcare Excellence Canada) to provide advice to the provinces and territories on how to implement the CHA
- **Bilateral healthcare agreements** that set out stronger conditions for how CHA principles will be realized in practice and mandate public transparency on spending and performance
- **Broader incentives in healthcare spending negotiations** that support stronger federal spending directions in exchange for progress on provincial priorities in other policy areas (e.g., immigration)

3

Accelerating Innovation in Health Care

The issue: Patients and healthcare providers are seeking innovative solutions and Canadian companies are ready to sell innovative products, but policy and funding frameworks are not always supportive.

The path forward could include:

- **Intragovernmental collaboration** on digital health and innovative technologies to assess opportunities and cost savings across governments and the healthcare system
- **Rapid evidence generation and practice guidelines** for new technologies that enable provider decision-making and implementation
- **Government shift to a long-term view of innovation** as an economic growth opportunity, requiring investments that may not reap rewards for several years or within a political cycle
- **Flexibility in policy and funding frameworks** to reduce the regulatory burden of innovation
- **Addition of clinical informatics and other digital health skills** as required competencies for regulated healthcare professions

4

Addressing the Social Determinants of Health

The issue: Canada used to be a leader on the social determinants of health but is now stalled on action to address health inequities.

The path forward could include:

- **Recognition that "complex" care is a product of policy decisions**, not a barrier to delivering integrated social care
- **Government investments in prevention** and social supports as part of making evidence-based and cost-effective policy and program decisions
- **Innovative models to address the social determinants of health**, drawing from initiatives like social prescribing and supportive housing–hospital partnerships
- **Sustainable funding** for community health initiatives that deliver integrated service models

5

Envisioning the Future of Care

The issue: The healthcare system needs to advance before demographic change alters Canada's patient and provider populations, resulting in further reduced access and lower-quality care.

The path forward could include:

- **Increased government openness** to long-term return-on-investment and risk-taking in policy and program design, as was successfully implemented in the delivery of pandemic benefits
- **Outcomes-based funding and team-based care models** to mitigate workforce capacity constraints, hospital closures, and widening health inequities
- **Coordinated community care models** that empower patients, support caregivers, reduce the economic costs of care, and transition service delivery to the home and community where possible
- **Capital investments** to improve the capacity and modernization of healthcare system infrastructure
- **Thoughtful adoption of digital healthcare technologies and electronic health records** that balances patient autonomy and system efficiency

Policy Pathways Conference: Advancing Canadian Health Care

On November 7, 2024, CSA Group hosted its inaugural Policy Pathways conference, bringing together cross-sector experts to advance a better healthcare system for Canada.

Canadian Health Care: Setting the Context

CSA Group's conference comes at a critical moment in Canadian health care: Canada's healthcare system is not meeting patient needs and there is urgent demand for actionable, innovative solutions. Many Canadians cannot access primary care providers or mental health services, wait times are climbing, and there is a shortage of healthcare workers amid recruitment, retention, and attrition challenges. These gaps are not created equally, with disproportionately higher needs and service failures for equity-seeking communities.

Recent evidence brings the scale of these challenges to light:

- Over 6 million Canadians do not have access to a family doctor, and this figure is on track to reach 10 million in the next decade.[1]
- Canada's healthcare expenditures are expected to rise by 5.7% in 2024, a higher growth rate than in recent years, with the largest portion of spending (26%) going to hospitals.[2]
- Only 62% of joint replacement procedures—one of the most common inpatient surgeries in Canada—are completed within the recommended clinical timeframe.[3]
- Patients who do not speak English or French have a 30% higher rate of experiencing a patient safety incident during hospitalization.[4]

While these challenges have been growing for years, the COVID-19 pandemic accelerated their impact and revealed cracks in the system—while also disrupting Canada's healthcare landscape. Virtual care is now increasingly available and there is rising interest in the role of data and artificial intelligence in designing, delivering, and evaluating healthcare services. Handled well, these present opportunities for system improvement, but without the right policies and practices in place, there is a risk they will further widen health inequities.

The good news is that healthcare leaders across the country have innovative and practical solutions at the ready. From integrated care pilots and expanded scopes of practice for non-physicians to data-driven tools and novel cross-sector partnerships, Canada is a place of strong ideas and evidence.

The stumbling block is implementation: even the most promising solutions are rarely translated to scalable, sustainable initiatives across the healthcare system. This is a product of overlapping challenges like fragmented systems and services, insufficient funding and resources, and the lack of a unified, ambitious vision for high-quality, accessible healthcare.

These challenges call for coordination and collaboration. To move from ideas to action, the healthcare system needs open, ongoing dialogue that clarifies the role of each service system and government in implementing solutions.



1 Stan Kutcher et al., "Maximizing Medical Talent: How Canada Can Increase the Supply of Family Doctors by 50% Quickly and Cost-Effectively," 2024. Accessed Nov. 26, 2024. https://www.ratnaomidvar.ca/wp-content/uploads/2024/10/IMG-Report-Design-EN.pdf

2 Canadian Institute for Health Information, "National Health Expenditure Trends, 2024 — Snapshot," 2024.

3 Canadian Institute for Health Information, "More Surgeries Being Done, but Wait Times Are Still Long," 2024.

4 Canadian Institute for Health Information, "Improving Patient Safety and Quality of Care: Applying an Equity Lens to Hospital Harm," 2024.

About the Conference

Nearly 300 participants gathered in Toronto for a mix of powerful keynote addresses and engaging panel discussions, followed by a networking reception. Participants included thought leaders, practitioners, researchers, and industry experts, ready to share their insights and ideas. The range of expertise in the room allowed speakers and participants alike to gain new perspectives and walk away with practical solutions and motivation for change.

Speakers and Moderators



Dr. Alexandra T. Greenhill
Founder, CEO and Chief Medical Officer, Careteam Technologies



Dr. Alika Lafontaine
Indigenous Physician, Healthcare Leader and Changemaker



Dr. Andrew Boozary
Executive Director, Population Health & Social Medicine, University Health Network



Carla Velastegui
Healthcare Technologist, Caregiver Advocate and Advisor



Dr. Colleen M. Flood
Dean of the Faculty of Law, Queen's University



Dr. Danielle Martin
Professor and Chair of the Department of Family and Community Medicine, Temerty Faculty of Medicine, University of Toronto



Dylan Marando
Head, Public Policy and Government Relations, Siemens Healthcare (Canada)



Frank Baylis
Executive Chairman, Baylis Medical Technologies



Dr. Gillian Strudwick
Senior Scientist, Chief Clinical Informatics Officer, CAMH



Heather Russek
Co-President of Creative Futures Studio Inc



Helen Angus
CEO of AMS Healthcare



Dr. Kate Mulligan
Assistant Professor, University of Toronto; Scientific Director, Canadian Institute for Social Prescribing



Dr. Karima Velji
Chief of Nursing and Professional Practice; Assistant Deputy Minister of Health for the Province of Ontario



Dr. Naheed Dosani
Palliative Care Physician; Health Justice Advocate



Dr. Olga Morawczynski
Founder and Head of Wellbeing Programs, Heal-3



Dr. Paul Woods
President and CEO, Southlake Regional Health Centre



Dr. Payal Agarwal
Integrated Chief Medical Informatics and Innovation Officer at Grand River and St. Mary's Hospitals



Sherri Torjman
Social Policy Consultant; CSA Public Policy Fellow



Dr. Stephen Lucas
Former Deputy Minister of Health Canada



Sunil Johal
Vice President, Public Policy, CSA Group



Tessie Sanci
Executive Editor, *Hill Times* Research and *The Lobby Monitor*



Will Falk
Executive-in-Residence, Rotman School of Management; CSA Public Policy Fellow



Dr. Zayna Khayat
Health Futurist at Deloitte Canada; Adjunct Faculty at Rotman School of Management, University of Toronto

Agenda at a Glance

The conference was structured around five thematic sessions, each including a moderated panel discussion. The two morning sessions also featured a keynote address to lead off the discussion.

Morning sessions	**Session 1:** Building a Robust Primary Care System **Session 2:** Modernizing the Canada Health Act
Afternoon sessions	**Session 3:** Accelerating Innovation in Health Care **Session 4:** Addressing the Social Determinants of Health **Session 5:** Envisioning the Future of Care

Key Insights

Across the sessions, three cross-cutting themes emerged that illustrate shared opportunities and challenges for Canadian health care, with relevance for all focus areas of the conference: primary care, legislative frameworks, social determinants of health, innovation, and the future of health care. Taken together, these themes provide clear guidance on the types of solutions that can usher Canada into a new era of health care, as well as the pitfalls to avoid in problem solving and implementation decisions along the way.



1

New models of care are essential to meeting healthcare needs

The future of health care in Canada is team-based and delivered in the community. It was clear across sessions that the pre-existing mental models and 'traditional' solutions used in health care are no longer serving the needs of patients or the healthcare system itself. Healthcare providers know that care needs to be integrated with social supports and accessed in the community or at home, as hospital-based care is the most cost prohibitive and unsustainable. They also know that future models of health care must be centered around patient needs and empower patients and caregivers to be partners in health care.

However, the system needs to keep up to promote this transition. Effectively changing the status quo comes down to implementing holistic solutions over fragmented ones: rather than isolated policy tweaks to professional scopes of practice or implementing AI scribes in a few primary care offices, solutions need to have a supportive ecosystem behind them, to maximize impact and prevent unintended consequences. For example, maximizing the role of registered nurses on primary care teams will require further system-level regulatory changes, while providers' effective use of digital tools depends on a more comprehensive transition to electronic health records across the country.



2

Solutions need to reduce provider burnout, not make it worse

Between the continual decline in healthcare workforce capacity and the lasting impact of the COVID-19 pandemic, provider burnout is at a tipping point. The value exchange for providers has changed and the social and moral drivers for working in health care are carrying less weight amid difficult working conditions. Digital health tools and task redistribution within healthcare teams are often proposed as solutions to burnout, but both can increase workloads and responsibilities. Speakers pointed to individualized approaches to workforce retention as a promising solution to target motivations and incentives on a person-by-person basis. There is also a financial case for addressing burnout: labour costs in the healthcare system are rising, but we are seeing more layers of administration rather than more efficient care delivery and coordination. Healthcare spending that focuses on quality and coordination outcomes has the potential to both reduce burnout and bring down labour costs.

3

Red tape makes it hard to make patient-centred care a reality

Restrictive policies and funding models are preventing healthcare providers from putting patients first, and the list of issues is growing. Rigid mandates and communication silos between government departments mean that healthcare planning and spending cannot leverage opportunities that fall under innovation, housing, or social service portfolios. Different orders of government continue to debate their healthcare responsibilities, focusing more on determining the minimum they are required to do rather than asking what they can do to address challenges. Regulations are more focused on liability than patient access or cost effectiveness. Programs and providers cannot move seamlessly between provinces and territories to replicate promising interventions and fill capacity gaps. Many regulated professions have yet to realize their full scope of practice. Canadians cannot expect solutions to succeed and scale if these foundations are not in place.

Session Spotlights

Dr. Zayna Khayat, the conference's host, set the foundation for a day of essential discussion. With Senator Murray Sinclair's passing earlier in the week, Dr. Khayat shared Sinclair's words as a call to action for participants both during the conference and in their work—to create change, reveal truth, and lead with fairness. Interpreting this guidance for the Policy Pathways sessions meant committing to moving the needle on challenges, having honest conversations that surface uncomfortable issues, and considering the needs and perspectives of equity-seeking populations.

> **"Health care will be virtually unrecognizable in the next ten years from anything it's been for 50 years."**
>
> **– Dr. Zayna Khayat**





These themes were carried forward in spoken word poems performed by Nehithaw-Dené Métis poet and community-based educator Zoey Roy. She energized the room and shared creative reflections on the wisdom of the generations that came before us, our natural ability to drive and adapt to change, and underscored that we have the power to shape our own realities through our beliefs and actions.

> **"We've done this before. It's our nature to shine again. We are always emerging, transforming, becoming new."**
>
> **– Zoey Roy**

Session 1: Building a Robust Primary Care System

On the Agenda

Six million Canadians are without a primary care provider as Canada continues to fall behind other industrialized countries in primary care quality, electronic communication abilities, and interprofessional collaboration.[5] Canada needs investment in coordinated, patient-focused health care to minimize physician burden and burn out, enhance program and professional mobility among regions and provinces, and reduce healthcare expenditures and inequities.

Keynote Address

Dr. Alika Lafontaine

Panel Discussion

Moderator: Tessie Sanci
Panelists: Dr. Alexandra T. Greenhill, Dr. Alika Lafontaine, Dr. Karima Velji, Dr. Naheed Dosani

Keynote Address: Dr. Alika Lafontaine

Dr. Lafontaine's keynote centered on the need to rewrite the stories of primary care. As Canada faces a primary care crisis, the stories we tell ourselves about what it means to deliver primary care are unraveling. These stories, which shape how we see ourselves and each other, have a particular physics to them—they are impacted by the weight of the past, the push of the present, and the pull of the future.

The weight of the past maintains the status quo in primary care. As problems arise, solutions are developed that align with existing mental models—the shared beliefs and biases that drive behaviour. But these mental models are not the right fit for the current context. Canada's economic system and level of social cohesion have fundamentally changed since the current approach to public primary care was developed. For example, the status quo mental model of primary care assumes that the solution to increasingly complex care needs is to create new specializations in medicine. Yet this approach does not get to the root of needing better care coordination, and it often introduces new problems: fewer healthcare providers with general skills, a need for new training and regulatory frameworks, and less accurate projections of workforce capacity.

Panel Discussion

Primary care is delivered by a wide range of professions (e.g., family physicians, registered nurses, nurse practitioners) and increasingly in settings other than a physician's office (e.g., community health centres, pharmacies). Without the right data systems and communication channels, patient information and care decisions are getting lost in the primary care shuffle. This same issue is happening between care systems: the lack of coordination between primary care and acute, emergency, and community care is causing care fragmentation. The various rules and structures across the country are also preventing innovation within primary care and thwarting the development of new models of care.

> **"It's wild to me that actually every one of our innovative models of care programs had to be set up differently because every province, region, and territory operates differently with different rules, bylaws, policies, and approaches. Why can't one innovation in one area of the country benefit another?"**
>
> **– Dr. Naheed Dosani**

5 John Paul Tasker, "Meet Some of the 6 Million Canadians Who Don't Have a Family Doctor," CBC News, 2024, https://www.cbc.ca/news/politics/meet-the-canadians-without-a-family-doctor-1.7116475; Monica Aggarwal et al., "Building High-Performing Primary Care Systems: After a Decade of Policy Change, Is Canada 'Walking the Talk?'" Milbank Quarterly 101, no. 4 (2023): 1139–90, https://doi.org/10.1111/1468-0009.12674.

Panelists emphasized that primary care has a burnout problem. As primary care demands have increased, the workforce has not been able to keep pace, leaving healthcare providers overworked and at risk of leaving their professions. This burnout is not only driven by capacity issues; it is also driven by a shift in workforce values. In recent years, healthcare work has become more transactional, where providers may feel that they get only financial value from their role (i.e., a paycheque), no longer social value (i.e., appreciation, support, social inclusion). Inconsistent reimbursement policies between regulated professions drive this wedge further—some providers can bill more for the same service, disincentivizing providers from offering services for which they earn less than others.

Even with solutions available, panelists agreed that the primary care system faces its greatest barriers in adoption and implementation. For example, realizing the full scope of practice for all healthcare professions (i.e., where providers are permitted to deliver care in all areas in which they have professional competency) is an impactful solution but has yet to be fully implemented because of professional hierarchies and technology and policy limitations. As healthcare providers increasingly expect patients to manage complex care at home, there is still resistance to allowing these same tasks to be carried out by a broader range of providers in a healthcare setting. Canada does not have the digital infrastructure for providers to reliably communicate with each other (e.g., primary care physicians cannot always access patient prescriptions from a pharmacist). Because of these system gaps, expanded practice can be a driver of care fragmentation rather than the care improvement it should be providing.

Potential Policy Pathways

- **Expedited pathways** for inter-jurisdictional and international healthcare professionals (such as pan-Canadian licensure) to increase the supply of primary care practitioners
- **Expanded scopes of practice** for all healthcare professionals to include the full extent of competencies they are trained in and delineate how primary care responsibilities will be distributed in practice
- **Compensation policies** that facilitate equitable billing practices across professions and that account for provider time, patient interaction, and patient complexity in fee structures
- **New AI and technology** to reduce and redistribute administrative work
- **Identification and removal of legislative and regulatory barriers** to replicating primary care innovations among provinces and territories
- **Tailored approaches to staff retention** based on individual career and workplace priorities (e.g., learning about preferred skill development and forms of recognition)
- **Data tracking** to monitor primary care access patterns at individual and population levels
- **System navigators on primary care teams** to match patients with the extended services they need, lessening the burden on primary care practitioners



Session 2: Modernizing the Canada Health Act

On the Agenda

2024 marks forty years since the enactment of the *Canada Health Act* established universal health care across the country. The CHA is a spending statute: it sets the conditions for provinces and territories to receive funds but does not actually create a right to health care or require the federal government to enforce most of the Act. Since its implementation, the Act has remained unchanged, outlining a basic promise of universal health care.[6] But Canada's population, needs, and resources have changed drastically over the past forty years. The Act is silent on issues such as mental health, pharmacare, virtual care, and aging care, which have reached crisis levels. To account for these gaps, some leaders suggest that the Act should be revised.

Keynote Address

Dr. Colleen M. Flood

Panel Discussion

Moderator: Will Falk
Panelists: Dr. Colleen M. Flood, Dr. Danielle Martin, Helen Angus

Keynote Address: Dr. Colleen M. Flood

Dr. Flood walked the audience through the role of the *Canada Health Act* (CHA) and homed in on one of its five principles: accessibility. Dr. Flood contended that the core problem of the CHA—and as a result, Canada's healthcare system—is one of accountability. Canada does not have clear legislative tools to hold any order of government accountable for health care. The federal government can say that provinces and territories are failing to deliver services appropriately, while provinces and territories can respond that the federal government is failing to fund services appropriately. In the case of accessibility, Dr. Flood proposed modifying the CHA to require provinces and territories to have an evidence-based, transparent process to define and measure "reasonable access" to care as a condition of receiving federal healthcare funding.



6 Colleen M Flood and Bryan Thomas, "Modernizing the Canada Health Act," The Dalhousie Law Journal 39, no. 2 (2016).

Panel Discussion

Panelists engaged in a dynamic debate about opportunities for leveraging the CHA. There was agreement on the problem Canadians are facing: while Canadians see important symbolic value in the principles of the CHA, the principles-based legislation is generally not, on its own, the right vehicle to solve practical healthcare issues, guide Canada's approach to a changing healthcare landscape (e.g., one with team-based care, mental health care, and digital healthcare technologies as new opportunities and priorities), or hold governments accountable.

Where panelists diverged was on which solutions would be most effective. One option was to look within the CHA and modify the legislation to address its shortcomings. The rationale for this pathway is to catalyze transformative change by updating Canada's fundamental healthcare document.

> **"There will be opportunity in there, risks in there. Anything new or innovative is going to create that. But if we just stand still with what we've got, which we have been doing now for a number of decades, we get what we get and it's only going to get worse."**
>
> **– Dr. Colleen M. Flood**

However, there were concerns about how opening the CHA to amendments could risk a movement away from universal health care. To avoid these risks, some panelists advocated for solutions that could happen outside of the legislation itself. While these solutions all came with strengths and challenges for the future of Canadian health care and the CHA, panelists emphasized that they were not mutually exclusive. All available tools need to be on the table to address the scale of crisis that the healthcare system is facing.

Potential Policy Pathways

- **Amendments to the CHA** that strengthen its principles through clearer definitions and accountability mechanisms
- **Complementary healthcare legislation** that works alongside the CHA to address new healthcare issues and trends, outlines clearer jurisdictional responsibilities, and delineates stronger accountability mechanisms
- **Expanded role for the pan-Canadian health organizations** (e.g., Canadian Institute for Health Information, Healthcare Excellence Canada) to provide advice to the provinces and territories on how to implement the CHA
- **Bilateral healthcare agreements** that set out stronger conditions for how CHA principles will be realized in practice and mandate public transparency on spending and performance
- **Broader incentives in healthcare spending negotiations** that support stronger federal spending directions in exchange for progress on provincial priorities in other policy areas (e.g., immigration)



Session 3: Accelerating Innovation in Health Care

On the Agenda

Innovation can address many of Canada's healthcare challenges and pave the way for improved and sustainable patient care. However, an absence of collaboration and data hinders the full potential of innovation in Canadian health care. To date, Canada's adoption of earlier generation healthcare innovation—like electronic health records, telemedicine, and new medical devices—has been incremental, even though the need is exponential.[7] Acceleration on and adaptation to emerging digital healthcare technologies need to happen rapidly, or Canada will continue to fall behind other countries and miss out on opportunities for improved patient care and international investment.

Panel Discussion

Moderator: Dr. Olga Morawczynski
Panelists: Dylan Marando, Frank Baylis, Dr. Gillian Strudwick, Dr. Payal Agarwal

Panelists laid out Canada's healthcare innovation problem very clearly: patients and providers are seeking innovation, companies are ready to sell innovative products, but policy and funding frameworks are not rising to the occasion. However, panelists also laid out the opportunity. New ideas, new methods, and new approaches to health care—whether in technology, e.g., artificial intelligence, or in system design, e.g. new care models—have the potential to solve most of today's healthcare challenges. Innovation, creativity, and risk-taking have led to significant enhancements to the health care system in the past, and they have the potential to drive its future.

The efficiencies gained by implementing health care technologies are difficult to calculate due to silos between government departments across at all levels of government. These silos also mean that Canada is not capitalizing on the financial savings from digital healthcare technologies. Further, political cycles have made it difficult for governments to commit to policy directions on healthcare technologies when the return-on-investment may not be seen in a four-year term. The regulatory environment also plays a role: the burden of compliance in health care is greater than other sectors taking up new technologies because patient health and safety is on the line.



7 Information Technology Association of Canada, "Accelerating the Adoption of Digital Health Technologies in Canada," 2018.

> **"Our system is not designed to take on new technologies. Our system actually looks a lot of times at innovation and says, 'this is going to cost money.' Instead of saying this is a solution, a long-term solution to a huge amount of problems, we tend to take a back step."**
>
> **– Frank Baylis**

Because of these barriers, the demand to drive innovation often falls on providers and administrators. Canadians expect healthcare teams to create digital healthcare technologies and data infrastructure that meets patient expectations for online booking, virtual appointments, and accessing real-time results. Canadians also expect healthcare teams to independently explore and implement technology options without dedicated funding or resources to help them do so. This causes innovation to have the opposite effect of what is intended: it increases provider burnout rather than reducing it.

Panelists expressed concerns about the equity and environmental considerations of innovation in health care. On the one hand, digital healthcare tools can be useful for providing services in rural and remote areas, but, on the other hand, these tools can exacerbate health inequities for patients without access to smartphones and cell service or digital literacy skills. Digital transformation also comes with questions about energy supply and how Canada plans to generate and sustain the electrical capacity needed to power these technologies in the long term.

Potential Policy Pathways

- **Intragovernmental collaboration** on digital health and innovative technologies to assess opportunities and cost savings across government and the healthcare system
- **Rapid evidence generation and practice guidelines** for new technologies that support provider decision-making and implementation
- **Government shift to a long-term view of innovation** as an economic growth opportunity, requiring investments that may not reap rewards for several years or within a political cycle
- **Flexibility in policy and funding frameworks** to reduce the regulatory burden of innovation
- **Addition of clinical informatics and other digital health skills** as required competencies for regulated healthcare professions

Session 4: Addressing the Social Determinants of Health

On the Agenda

Growing social inequities in Canada are contributing to worsening gaps in access to health care and poorer health outcomes. Social and economic conditions—from income and education to housing affordability and systemic racism—influence Canadians' health and place strains on Canada's healthcare system.[8] Despite this connection, the current approaches to health care are not set up to account for or address the social determinants of health or connect healthcare services and community resources. For healthcare equity to be achieved, Canada will need innovative responses that address both the barriers to equity-seeking populations receiving health care and the upstream drivers of health and wellbeing.

Panel Discussion

Moderator: Sunil Johal
Panelists: Dr. Andrew Boozary, Dr. Kate Mulligan, Sherri Torjman



When asked about the current state of social determinants of health in Canada, panelists remarked that while Canada started as a leader in this field, we are now stalled when it comes to addressing health inequities. Even as knowledge on social determinants of health has increased, action on upstream issues seems to be decreasing.

One of the main drivers of this inertia is that local governments have a large share of responsibility when it comes to improving social determinants of health but very few fiscal levers to fund programs. Community health and wellbeing initiatives are often funded as one-off initiatives rather than through integrated and sustainable funding sources. Additionally, piecemeal and programmatic funding streams make it difficult to streamline social programs. For example, no department or level of government wants to cover all disability supports if they are currently responsible for only one component of it (e.g., administering the Canada Disability Benefit, employment services). This causes program participants to spend time and resources navigating redundant administrative processes and misaligned program eligibility and options.

8 Public Health Agency of Canada, "Vision and Priorities of Canada's Chief Public Health Officer," 2022, https://www.canada.ca/en/public-health/corporate/organizational-structure/canada-chief-public-health-officer/statements-chief-public-health-officer/health-equity-approach.html.



> **"We could invest all the resources in the world in system navigation and it won't be transformative change."**
>
> **– Sherri Torjman**

Panelists emphasized that the time is now for making big investments in social supports and community programs and developing a pan-Canadian initiative to collaborate on tackling social issues and poverty reduction already happening at the local level. Panelists shared some initiatives (below) that they had either led or come across in their work that offered innovative ways to think about healthcare and social care systems.

Potential Policy Pathways

- **Recognition that "complex" care is a product of policy decisions,** not a barrier to delivering integrated social care
- **Government investments in prevention** and social supports as part of making evidence-based and cost-effective policy and program decisions
- **Innovative models to address the social determinants of health,** drawing from the approaches of initiatives shared by panelists:
  - **Community-based seniors sector:** In British Columbia, a coordinating body was formed to convene and advocate for the diverse mix of organizations that deliver supports and services to seniors. Previously a disparate group of organizations, this coordination function now facilitates new relationships, cohesive messaging, and shared resources.[9]
  - **Social prescribing:** Social prescribing is a growing response to addressing the social determinants of health in healthcare services. It supports providers to refer patients to community services or intermediate community navigators that can meet their social needs, like food banks, recreation programs, or income supports.[10]
  - **UHN Social Medicine Housing Initiative:** Toronto's University Health Network identified a need to provide housing to unhoused hospital patients who had frequent visits to the emergency room. The initiative now has over 50 supportive housing units, implemented through a partnership between the hospital, municipal government, and community organizations.[11]
  - **Medicare Hospital Re-Admission Reduction Program (in the United States):** Medicare implemented a program that financially penalizes hospitals with high rates of re-admissions, aiming to incentivize better care coordination. The program adjusts for socio-economic factors that can affect re-admission rates.[12]
- **Sustainable funding for community health initiatives** that facilitates delivery of integrated service models

9 Healthy Aging CORE, "Community-Based Senior's Serving Sector," May 11, 2023, https://corealberta.ca/resources/community-based-seniors-serving-sector.

10 Sonia Hsiung, Kate Mulligan, Gary Bloch, Grace Park, Abby Richter, Lisa Stebbins and Samina Talat, "Social Prescribing in Canada: A Tool for Integrating Health and Social Care for Underserved Communities," Healthcare Quarterly 25, no. 4 (January 31, 2023): 17–22.

11 University Health Network, "Prescription for Change: UHN Leads Canada's First Social Medicine Housing Initiative," 2024, https://www.uhn.ca/corporate/News/Pages/uhn-leads-canada-first-social-medicine-housing-initiative.aspx.

12 Cristina Boccuti and Giselle Casillas, "Aiming for Fewer Hospital U-Turns: The Medicare Hospital Readmission Reduction Program," 2017, https://www.kff.org/medicare/issue-brief/aiming-for-fewer-hospital-u-turns-the-medicare-hospital-readmission-reduction-program/.

Session 5: Envisioning the Future of Care

On the Agenda

Canada's healthcare system must evolve with the healthcare needs of the population it serves and a changing context for providing care. Canadians are moving into a future where health care will be impacted by increasingly complex and interconnected challenges, including shifting demographics and an increase in chronic disease, the impacts of climate change, outdated healthcare infrastructure, and rising living costs. To prepare for this rapidly approaching future, Canada's healthcare system needs to get ahead of changing needs as soon as possible.

Panel Discussion

Moderator: Heather Russek
Panelists: Carla Velastegui, Dr. Paul Woods, Dr. Stephen Lucas, Dr. Zayna Khayat

Panelists closed the day by exploring the range of possible futures for the Canadian healthcare system. The discussion highlighted changes that should be made today to set Canada on the right path, features of an ideal future for health care, and what is at risk if the public healthcare system does not advance in time.

The future of Canada's health care will rest on key changes to how Canada funds, designs, and delivers care. Moving from fixed institutional funding and fee-for-service models to funding based on patient outcomes can better align healthcare spending with healthcare quality. Making team-based care models the standard approach can improve both service efficiency and the patient and caregiver experience, especially as community-based care and home care become increasingly necessary. As confusing, crowded, and noisy healthcare settings have become the norm, it will be important to think about how to create safe spaces for patients and their caregivers. In particular, creating age-friendly environments will be critical as the population ages.

> **"Caregivers play a critical role as the bridge between multiple systems and care plans for their loved ones. Without their support, patients face a significantly higher risk of poorer health outcomes, increased hospitalizations, more frequent emergency room visits, premature placement in long-term care, and heightened social isolation."**
>
> **– Carla Velastegui**



Looking ahead, there are promising advances in health care to anticipate. Panelists talked about the growing potential for personalized technology (e.g., health wearables) as part of disease monitoring and treatment, improved data and electronic health record infrastructure, and predictive medicine at scale, where healthcare providers will be able to detect disease before symptom onset and prevent and delay its impacts. All these trends were seen as opportunities to advance self-managed and self-directed care that prioritizes patient empowerment.

But if Canada doesn't take a proactive and innovative approach to futureproofing the healthcare system, things will only get worse. Most of healthcare spending goes to labour, and without intervention, demand for services will outstrip workforce capacity by more and more each year. If Canada does not improve funding models, hospitals and emergency rooms will continue to close, widening healthcare inequities. If the public system does not meet patient needs for access and innovation, patients who can afford it will turn further toward nascent private services, which will hollow out the talent pool and quality of public services, as well as undermine the social contract where Canadians support universal care in exchange for receiving its benefit.

> **"The hospital is by far the most expensive place to deliver care, and we need to get way upstream. We need to reverse the force of gravity in health care, get care out to communities, to community agencies, to community clinics, into people's homes, to support caregivers. That's the only thing that's going to change the trajectory and get us to where we're on a sustainable path."**
>
> **– Paul Woods**

Panelists ended on a hopeful note: Canada has many healthcare solutions at its fingertips and with rapid, ambitious, and collaborative action, we will be able to reach a better future for health care.

Potential Policy Pathways

- **Increased government openness** to long-term return-on-investment and risk-taking in policy and program design, as was successfully implemented in the delivery of pandemic benefits
- **Outcomes-based funding and team-based care models** to mitigate workforce capacity constraints, hospital closures, and widening healthcare inequities and to avoid creeping privatization
- **Coordinated home and community care models** (e.g., a single access point, streamlined referral and delivery pathways, shift of hospital care tasks to the home) that empower patients, support caregivers, and reduce the economic costs of care
- **Capital investments** to improve the capacity and modernization of healthcare system infrastructure
- **Thoughtful adoption of digital healthcare technologies and electronic health records** that balances patient autonomy and system efficiency



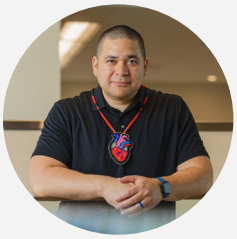
Looking Ahead

In its first Policy Pathways Conference, CSA Group convened nearly 300 leaders in Canada's healthcare system to start an essential discussion on how we can hold Canadian health care to a higher standard. Speakers exposed the root causes of Canada's healthcare system gaps, the roadblocks holding us back from adopting effective solutions, and the changes that are urgently needed to put health care back on the right track. Throughout the day's five sessions, it became clear that Canada is at turning point in its healthcare and social systems, and near-term action—or inaction—will set Canada on a course with significant implications for the changing population's health and wellbeing.

To maintain momentum from the conference, CSA Group is looking forward to exploring related healthcare topics in future research and facilitating additional Policy Pathways Conferences that bring together leaders to tackle Canada's biggest policy challenges.

Appendix: Speaker Bios

Keynote Speakers



Dr. Alika Lafontaine
Indigenous Physician, Healthcare Leader, and Changemaker

Named Maclean's top Healthcare Innovator of 2023, Dr. Alika Lafontaine has been at the epicentre of healthcare system change for almost two decades. He is the first Indigenous physician and the youngest doctor to lead the Canadian Medical Association (CMA) in its 156-year history and the first Indigenous physician to be listed on The Medical Post's 50 Most Powerful Doctors. As an experienced health leader, Dr. Lafontaine speaks eloquently and passionately about the politics of health care, implementation and scaling equity, effective advocacy, and the redesign of health systems. Working at the intersection of advocacy and implementation, Dr. Lafontaine has held both provincial and national medical leadership positions. From 2013–2017, he co-led the Indigenous Health Alliance, growing it into one of the most ambitious Indigenous health transformation projects in Canadian history. At its peak, the Alliance represented more than 150 First Nations and successfully advocated for $68 million in funding. In 2017, the Alliance was recognized by the Public Policy Forum, with Prime Minister Justin Trudeau presenting Dr. Lafontaine with the inaugural Emerging Indigenous Leader award. Grounded in a mixed Indigenous ancestry of Métis, Oji-Cree, and Pacific Islander, Dr. Lafontaine completed his medical degree and anesthesia fellowship training at the University of Saskatchewan before moving to northern Alberta where he has spent most of his clinical career. He was named one of Canada's Top 40 Under 40 and is the youngest recipient of an Indspire Award.



Dr. Colleen M. Flood
Dean of the Faculty of Law, Queen's University

Colleen M. Flood is the Dean of the Faculty of Law at Queen's University. She served as a professor and the Canada Research Chair for the University of Toronto's Faculty of Law from 2000–2014 and was the inaugural director of the Centre for Health Law, Policy and Ethics and University of Ottawa Research Chair in Health Law and Policy from 2014–2023. Dr. Flood holds a Doctor of Juridical Science (SJD) and Master of Laws (LLM) from the University of Toronto and a Bachelor of Laws (LLB) Honours from the University of Auckland, New Zealand. Her research informed national and global debates over privatization, health system design, accountability, governance, and the role of courts in defending rights in health care. Her latest research focuses on the governance of health-related artificial intelligence. She holds many honours and accomplishments, including being named a Justice Emmet Hall Laureate in 2022, a member of the Canadian Council of Academies Scientific Advisory Committee in 2021, and a member of the Royal Society Taskforce on COVID-19 in 2021. She has over 100 publications and over 1200 citations, including publications on implementing digital passports for COVID-19 immunizations, vaccine ins and outs, the legal issues that have been raised in the presence of COVID-19, and accounts of what Canada could look like post-pandemic.

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Panel Speakers



Dr. Alexandra T. Greenhill
Founder, CEO, and Chief Medical Officer, Careteam Technologies

Dr. Alexandra T. Greenhill is one of the leading physicians in digital health innovation, a TEDx speaker, and one of the co-editors of AI in Clinical Medicine: A Practical Guide for Healthcare Professionals (Wiley, 2023). She is an ER and family medicine doctor and has practiced in Quebec, Ontario, and BC. Dr. Greenhill is the Founder, CEO, and Chief Medical Officer of Careteam Technologies, a next-generation care platform that enables health teams to support patients with complex health issues along their journey from symptoms to diagnosis to treatment. She serves on the boards of the Canadian Institute for Health Information (CIHI) and the Cancer Research Society, as well serving as the Board Chair of Physician Innovator. Dr. Greenhill is adept at translating digital developments into meaningful advancements to help people live life well. She believes entrepreneurship and technology hold the answers to the greatest issues we face today, including in health care, where increasing complexity leads to confusion, and costs and a huge and growing gap between what is possible and what is happening. After having implemented health innovation at scale, she now leads and advises Canada's most promising technology companies. Dr. Greenhill's work has received many recognitions, including Top 40 under 40, Startup Canada's Woman Entrepreneur of the Year Award, WXN Top 100 Most Powerful Women in Canada, and Queen Elizabeth II's Diamond Jubilee Medal of Service. Dr. Greenhill's work has not only benefited the medical community but has also positively impacted the lives of countless patients. Her profound expertise continues to drive transformative change in the healthcare sector, fostering a brighter, more technologically empowered future for health.

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Dr. Andrew Boozary
Executive Director, Population Health & Social Medicine, University Health Network

Dr. Andrew Boozary is a primary care physician, policy practitioner, researcher, and founding executive director of the Gattuso Centre for Social Medicine at the University Health Network. He completed his medical training at the University of Toronto and health policy training at Princeton University and Harvard University. His work at the intersection of health policy, social justice, and equitable healthcare delivery aims to improve health outcomes for marginalized populations. During the pandemic, Dr. Boozary served as co-lead of the Ontario Health Toronto Region COVID-19 Homelessness Response and holds the Dalla Lana Professorship in Policy Innovation at the University of Toronto. He is also the founding Editor-in-Chief of the Harvard Public Health Review and served in senior advisory roles for policymakers at various levels of government both nationally and abroad on public policy issues ranging from primary care reform to the implementation of pharmacare. Dr. Boozary has published in high-impact academic journals, and his writing and analysis appear in print and broadcast media. He has been the recipient of several national and international awards and is the youngest physician recipient of the Louise Lemieux-Charles Health System Leadership Award and the youngest Convocation speaker for the Temerty Faculty of Medicine at the University of Toronto, Faculty of Medicine.



Carla Velastegui
Healthcare Technologist; Caregiver Advocate and Advisor

Carla is a healthcare technologist with a diverse background spanning private and public sectors, including early-stage companies. Since 2010, she has been the primary caregiver for her mother, who has early-onset Parkinson's Disease. This personal experience fuels Carla's dedication to advocating for caregiver awareness and addressing the multifaceted challenges caregivers face in their communities, workplaces, and healthcare systems. She serves on the boards of Acclaim Health and YWCA Hamilton and holds committee and advisory roles with various healthcare and research organizations across Canada and the US. She combines her professional expertise with her advocacy to drive systemic improvements in how caregivers are recognized, valued, and supported. Her passion is leveraging technology to enhance collaboration and ensure a seamless continuum of care among patients, caregivers, and healthcare teams.

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Dr. Danielle Martin

Professor and Chair of the Department of Family and Community Medicine, Temerty Faculty of Medicine, University of Toronto

Dr. Danielle Martin is Professor and Chair of the Department of Family and Community Medicine (DFCM), University of Toronto. DFCM is the largest academic department of family medicine in the world and home to the World Health Organization (WHO) Collaborating Centre on Family Medicine and Primary Care. Dr. Martin is an active family physician and a respected leader in Canadian medicine. In 2006, her first year in practice, she helped launch Canadian Doctors for Medicare, the voice for Canadian physicians who believe in "a high quality, equitable, sustainable health system built on the best available evidence as the highest expression of Canadians caring for one another." Dr. Martin's policy, clinical, and academic expertise, combined with her commitment to health equity, have made her a highly regarded health system leader. She holds a Master of Public Policy from the School of Public Policy and Governance at the University of Toronto and teaches health policy and health system leadership to trainees from undergraduate to PhD level. In 2018, she led team to produce the paper "Canada's universal health-care system: Achieving its potential," a core paper for a special issue of The Lancet on Canada's health systems. In March 2014, Dr. Martin's presentation to a United States Senate Subcommittee about the Canadian healthcare system brought her international acclaim and has been viewed by over 30 million people around the globe. Her national bestselling book Better Now: 6 Big Ideas to Improve the Health of all Canadians was released in 2017 and is used by students and lay people across Canada who want to learn more about Canada's health system. Dr. Martin spent eight years as a senior hospital executive, most recently as Executive Vice President and Lead Medical Executive at Women's College Hospital (WCH), where she was also medical lead of the hospital's COVID-19 pandemic response. At WCH, she also led the establishment of Women's Virtual, Canada's first virtual hospital. The recipient of many awards and accolades, in 2019 Dr. Martin became the youngest physician ever to receive the F.N.G. Starr Award, the highest honour available to Canadian Medical Association members.

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Dylan Marando

Head, Public Policy and Government Relations, Siemens Healthcare (Canada)

Dylan Marando is a Canadian political scientist, specializing in tax policy, fiscal policy, public administration, public investment, and federalism. He has held the positions of Deputy Director of Policy to the Prime Minister of Canada; Principal Advisor to the President of the Treasury Board of Canada; Executive Director, National Housing Strategy to Canada's Minister of Housing; Senior Advisor to the Premier of Ontario; and Head of Public Policy and Government Relations for Siemens Healthcare in Canada. Dylan sits on the boards of directors of Canadian Science Publishing, Myeloma Canada, and Geist Magazine, as well as the Health Policy Council of the CD Howe Institute. Dylan studied at the University of Toronto, where he received an Honours Bachelor of Arts, a Master of Public Policy, and a Doctorate in Political Science.



Frank Baylis

Executive Chairman, Baylis Medical Technologies

Frank Baylis is a professional engineer, businessman, philanthropist, and former politician. He currently serves as the Executive Chairman of Baylis Medical Technologies, a leading medical device company focused in the areas of interventional radiology. Frank was born in Montreal, Quebec in 1962 to an English father and a Barbadian mother. He earned a Bachelor of Engineering degree in Electrical Engineering from the University of Waterloo in 1986. In 1989, Frank joined Baylis Medical, a company founded by his mother Gloria Baylis three years earlier. Under Baylis's leadership, the company grew into a world leader in the development and manufacture of medical devices in the areas of interventional cardiology and pain management. Baylis Medical Company was sold to Boston Scientific in 2021 for US$1.75 billion. Baylis is also a successful entrepreneur in other fields. He is a co-founder of Walk of Fame Entertainment, a film production company. He has written and produced several feature films, including "Transit" (2008), "Generation Wolf" (2016), and "Undocumented" (2023). From 2015–2019, Frank was the Liberal Member of Parliament for the federal riding of Pierrefonds-Dollard. During that time, he sat on the Industry Committee, the Foreign Affairs Committee, and the Ethics and Privacy Committee. He was also a founding member of the Black Caucus and the chair of the Canada–UK Parliamentary Association. In 2004, he launched the charity For the Children (FTC), which is committed to improving access to education for underprivileged children both in Canada and internationally. This charity has since grown into the Gloria Baylis Foundation, in honour of Frank's mother.

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Dr. Gillian Strudwick
Senior Scientist, Chief Clinical Informatics Officer, CAMH

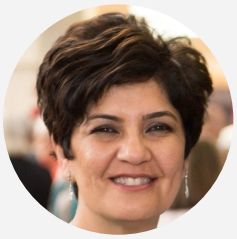
Dr. Gillian Strudwick is a Registered Nurse, holding the positions of Chief Clinical Informatics Officer and Senior Scientist at the Centre for Addiction and Mental Health. She was previously the Chief Nursing Executive. Dr. Strudwick is an Associate Professor at the Institute of Health Policy, Management, and Evaluation at the University of Toronto. She serves as a board member for AMS Healthcare and the Village Family Health Team. She is also a Fellow of the American Medical Informatics Association and a Fellow of the Canadian Academy of Nursing.



Helen Angus
CEO of AMS Healthcare

As CEO at AMS (Associated Medical Services), Helen brings her many talents and a renewed energy to the organization's role as a catalyst for change and innovation in health care. Helen has a demonstrated ability to lead complex organizations and inspire others to drive systems-level change. From 2018–2021, she was Deputy Minister in the Ontario Ministry of Health, where she helmed Ontario's initial health response to the COVID-19 pandemic. She played a critical leadership role in the groundbreaking work of Cancer Care Ontario and as co-chair of the Council of Deputy Ministers of Health. Helen is currently a distinguished Fellow at the Munk School of Global Affairs and Public Policy.

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Dr. Karima Velji

Chief of Nursing and Professional Practice; Assistant Deputy Minister of Health for the Province of Ontario

Dr. Karima Velji is a healthcare leader with a proven track record in fostering patient and system partner engagement to drive innovative models of care, integrating research and care, and creating cultures that unleash the potential of high-performing teams. She has implemented innovative health workforce solutions to ensure optimal scope of practice for all clinicians. She is currently the Chief of Nursing and Professional Practice and Assistant Deputy Minister of Health for the Province of Ontario. She has held senior leadership positions in several academic health science centres and has operated a successful consulting company. She is a sought-after consultant for system level projects and has led external reviews of several organizations. She is a surveyor with Health Standards Organization (HSO), Accreditation Canada. Her responsibilities extend to provincial and national leadership. She has held the roles of Vice Chair of the Board of Directors of Accreditation Canada, member of Board of Directors of HSO (2012–2018), United Way Campaign Chair for London Middlesex (2016), and served as President and Chair of the Board of Directors of Canadian Nurses Association (2014–16). She has cross-appointments to the University of Toronto, University of Western Ontario, University of Ontario Tech University, and Nipissing University. She has won several outstanding achievement awards, including the Sigma Theta Tau Excellence in Administration award, University of Toronto Distinguished Alumni award, Ontario Hospital Association's Margret Comack Award of Excellence in Nursing Leadership, and the Award of Excellence in Teaching from the Bloomberg Faculty of Nursing at University of Toronto. At the system and global level, she is a consultant to global sites, including East Africa, the Middle East, and Asia, for development of policy, credentialing, training, and academic plans.



Dr. Kate Mulligan

Assistant Professor, University of Toronto; Scientific Director, Canadian Institute for Social Prescribing

Dr. Kate Mulligan is a health geographer and the founder and Scientific Director of the Canadian Institute for Social Prescribing and an Assistant Professor in Social and Behavioural Health Sciences at the University of Toronto's Dalla Lana School of Public Health. Her work focuses on the role of community-scale leadership in producing health and improving health systems.

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Dr. Naheed Dosani
Palliative Care Physician; Health Justice Advocate

As a palliative care physician and health justice activist, Dr. Naheed Dosani is dedicated to advancing equitable access to health care for people experiencing structural vulnerabilities like poverty and homelessness. These efforts include founding and leading the Palliative Education and Care for the Homeless (PEACH) Program at the Inner-City Health Associates in downtown Toronto; serving as the Medical Director of Kensington Hospice (Kensington Health), a Health Equity Expert Advisor at the Canadian Partnership Against Cancer, and as a palliative care physician at St. Michael's Hospital (Unity Health Toronto). Dr. Dosani shares his passion for palliative care and health equity with learners as an Assistant Professor with the Department of Family and Community Medicine at the University of Toronto. As a researcher, he is an investigator with the St. Michael's Hospital Li Ka Shing Knowledge Institute, with a special interest in health system innovation and advancing access to equity-oriented care for structurally vulnerable populations. As a health systems leader, he serves on the Board of Directors for the Canadian Medical Association. Dr. Dosani has received many prestigious honours for his trailblazing work. These awards include the Meritorious Service Cross for Humanitarianism from Canada's Governor General (2018), the Award for Humanitarianism from the Canadian Society of Palliative Care Physicians (2019), and the Early Career Leader Award from the Canadian Medical Association (2020). Most recently, Dr. Dosani received an Honorary Doctorate Degree (Doctor of Laws) from Ontario Tech University (2022), the Dr. Earl Dunn Award (for advancing primary care) from the University of Toronto Department of Family and Community Medicine (2024), and the Dr. S. Lawrence Librach Award (for excellence and leadership in palliative care) from Hospice Palliative Care Ontario (2024).



Dr. Paul Woods
President and CEO, Southlake Regional Health Centre

Dr. Paul Woods is a senior healthcare leader with extensive clinical and executive experience in both Canada and the US. Early in 2024, Paul returned to his hometown of Newmarket, Ontario to serve as President and CEO of Southlake Health. He previously served as President and CEO of London Health Sciences Centre (LHSC), where he led the organization to achieve Exemplary Standing with Accreditation Canada for the first time in 12 years. Under his leadership, LHSC opened Ontario's first publicly owned ambulatory surgery centre and established an Office of Health Equity. Before joining LHSC, Dr. Woods was Senior Vice President at Trinity Health in Michigan, where he implemented strategies that improved care quality and patient experience. He has also held leadership roles at Alberta Health Services and the University of Calgary, and he served as President of the Board of Directors for Trinity Health Coordinated Care, an Accountable Care Organization. Dr. Woods earned his medical degree from Western University and a Master of Science from Dartmouth College.

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Dr. Payal Agarwal
Integrated Chief Medical Informatics and Innovation Officer at Grand River and St. Mary's Hospitals

Dr. Payal Agarwal is a primary care physician and health system leader with expertise in digital health across primary care and hospital settings. As the Integrated Chief Medical Informatics and Innovation Officer at Grand River and St. Mary's Hospitals, she co-leads the clinical digital strategy, focusing on optimizing workflows for greater efficiency. She also serves as the Learning Health System Lead at the University of Toronto's Department of Family and Community Medicine, Medical Director of Digital Health at the Centre for Effective Practice, and as a Fellow in Digital Health and AI with AMS Healthcare. Dr. Agarwal holds degrees in medicine, health services research, and systems design engineering.



Sherri Torjman
Social Policy Consultant and CSA Public Policy Fellow

Currently a social policy consultant, from 1992–2017 Sherri Torjman was Vice President of the Caledon Institute of Social Policy, one of Canada's leading social policy think tanks. In this role, she helped to propose and design the Canada Child Benefit and other income security and tax measures. From 2018–2022, Sherri served as Vice Chair of the Disability Advisory Committee reporting to the Minister of National Revenue. She Co-Chaired the Technical Advisory Committee on Tax Measures for Persons with Disabilities in 2004–2005, reporting to the Minister of Finance and Minister of National Revenue. In 1987, Sherri wrote Welfare in Canada, developing the methodology still used today by Maytree for calculating social assistance incomes across Canada. Sherri worked for the House of Commons Committee on the Disabled in 1981 and wrote four books on disability policy for the Roeher Institute. She was a founding partner of the Vibrant Communities initiative, which focused on local solutions for reducing poverty. She is a board member of Prosper Canada, an organization that works to expand economic opportunity for people living in poverty. In recognition of her policy work, Sherri was awarded the 2017 Senate 150 Anniversary Medal, the 2012 Queen Elizabeth II's Diamond Jubilee Medal, the 2011 Champion of Human Services Award from the Ontario Municipal Social Services Association, and the 2010 Top 25 Canadians Award from the Canadian Association of Retired Persons. Sherri is a CSA Public Policy Fellow.

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Dr. Stephen Lucas
Former Deputy Minister of Health Canada

Dr. Stephen Lucas is an accomplished public servant with extensive experience in health and social, economic, environment, energy, and climate change policy as well as federal-provincial-territorial relations. He retired in May 2024 after more than 35 years with the Public Service of Canada, including 10 years as a Deputy Minister. From 2019–2024, he served as Deputy Minister of Health Canada and was previously Deputy Minister of Environment and Climate Change and Deputy Secretary of Plans, Consultations, and Intergovernmental Affairs at the Privy Council Office (PCO). Prior to that, he was Assistant Secretary for Economic and Regional Development Policy at the PCO and Assistant Deputy Minister for Science and Policy and for Minerals and Metals at Natural Resources Canada. Dr. Lucas started his career as a research scientist at the Geological Survey of Canada. With the Public Health Agency of Canada, he led the federal government's comprehensive health response to the COVID-19 pandemic in collaboration with federal, provincial, territorial, and Indigenous partners, scientific experts, local health and community organizations, and the private sector, including the largest vaccination campaign in Canada's history. Dr. Lucas led work on the development and adoption of the 2016 Pan-Canadian Framework on Clean Growth and Climate Change, Canada's first national climate plan with the provinces and territories. He has a Bachelor of Science with Honours in Geological Engineering from Queen's University and a PhD from Brown University.



Dr. Zayna Khayat
Health Futurist at Deloitte Canada; Adjunct Faculty at Rotman School of Management, University of Toronto

Zayna is the in-house health futurist with Deloitte Canada's Healthcare and Life Sciences practice. She is an adjunct faculty member in the Health Sector Strategy stream at the Rotman School of Management, University of Toronto, where she instructs courses in healthcare innovation and partnerships in the health MBA program. Zayna is a Growth Advisor at Teladoc Health in Canada and advises emerging health startups. She previously led the Futures team with national home healthcare and aging social enterprise, SE Health, as their Future Strategist. Dr. Khayat was previously the lead of health system innovation at MaRS Discovery District, a health innovation hub in Toronto. In 2017 she was seconded to the REshape Innovation Centre at Radboud University Medical Centre in the Netherlands. Zayna completed her PhD in diabetes research from the University of Toronto (2001), followed by a career in strategy consulting, including as a principal in the healthcare practice of The Boston Consulting Group (BCG). She currently resides in Toronto with her husband and three children and is proficient in French and Arabic languages (and a bit of Dutch!).

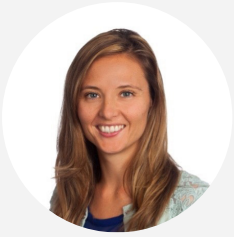
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Moderators



Heather Russek
Co-President of Creative Futures Studio Inc.

Heather Russek helps organizations navigate complex environments to identify resilient and practical future-focused solutions. Heather is a strategist, researcher, designer, and innovation expert. She is currently exploring the future of health and health care, future of cities, future of work and skills, and the future of arts and creativity. Heather was named a Next Generation Foresight Practitioner Fellow in 2021. She holds a Bachelor of Science from Queen's University, an MBA from the DeGroote School of Business at McMaster University, and a Master of Design in Strategic Foresight and Innovation from OCAD University.



Dr. Olga Morawczynski
Founder and Head of Wellbeing Programs, Heal-3

Dr. Olga Morawczynski, founder of Heal-3, is a dedicated advocate for corporate well-being and mental health. With over 20 published papers, she brings extensive expertise as a psychological health and safety assessor for the Mental Health Commission of Canada, a corporate well-being specialist, and a licensed benefits advisor focused on mental health benefits. Dr. Morawczynski has influenced policy in over 20 international markets to foster innovation in digital health and finance. She has also served as a senior advisor to international organizations, including the Bill & Melinda Gates Foundation, the World Bank, and the United Nations.



Sunil Johal
Vice President, Public Policy, CSA Group

Sunil Johal is the Vice-President, Public Policy at CSA Group where he leads the CSA Public Policy Centre. He has held senior executive and policy roles at all levels of government and was policy director at the University of Toronto's Mowat Centre from 2012-2019. In 2019, he chaired the Expert Panel on Modern Labour Standards for the federal Minister of Labour. Sunil currently serves as the David and Ann Wilson Professor in Public Policy and Society at Victoria College, University of Toronto.

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Tessie Sanci
Executive Editor, *Hill Times* Research and *The Lobby Monitor*

Tessie Sanci is the executive editor of Hill Times Health, which specializes in comprehensive reporting on federal health policy. Providing readers with a behind-the-scenes look at policy development and political decision-making, Tessie's in-depth features and breaking news have covered subjects including pharmaceuticals, mental health, and health human resources. Since joining Hill Times Publishing (which owns Hill Times Health) in 2017, she has also contributed articles to The Hill Times newspaper and to The Lobby Monitor. Before moving to Ottawa, Tessie covered the financial services industry for business publications in Toronto. She has been a journalist for 15 years.



Will Falk
Executive-in-Residence, Rotman School of Management and CSA Public Policy Fellow

Will Falk has spent 25 years as a strategist and advisor in New York and Toronto, advising top academic centres, governments, and innovative companies in health care. Since retiring from the PwC partnership in 2017, Will has had several roles. He is an Executive in Residence at the Rotman School of Management at the University of Toronto, where he has taught since 2008. He is a Senior Fellow at the CD Howe Institute and an Innovation Fellow at Women's College Hospital Institute for Health System Solutions and Virtual Care. He invests in and has worked with several startups focused on health care. Will has had several formal and informal advisory roles in public service, including First Ministers' meetings, ministerial reviews, expert panels, national reports, and bargaining teams. He is an active philanthropist, and his work on not-for-profit boards include West Neighbourhood House, AMS Foundation, Children's Aid Foundation, William Osler Health System, and the Institute for Clinical and Evaluative Sciences. His service on corporate boards include Verto, Alayacare, FirstHx, Home Capital, Medseek, and StrataHealth. He received his B.Sc. from the University of Toronto (Trinity College) and his M.P.P.M. from Yale University's School of Management where he was later a Visiting Research Fellow. Will is a CSA Public Policy Fellow.

About CSA Group

CSA Group is a global organization dedicated to safety, social good and sustainability. We are a leader in Standards Development and in Testing, Inspection and Certification around the world including Canada, the U.S., Europe and Asia. Our mandate is to hold the future to a higher standard.

The mission of CSA Group's Standards Development organization is to enhance the lives of Canadians through the advancement of standards in the public and private sectors. We are a leader in standards research, development, education, and advocacy. The technical and management standards developed with our more than 11,000 members improve safety, health, the environment, and economic efficiency in Canada and beyond.

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