Good morning Vancouver. So great to be here with you. What a wonderful room full of people. I saw a few familiar faces as I was coming in, and it’s an absolute delight to join you once again for this very important conference. Was delighted to be with you last year in Ottawa for the same event, and it’s a pleasure to be among you today.

And I want to particularly thank HealthCareCAN for their work in organizing the event and particularly give a shout-out to Bill Tholl who I gather is counting the hours now until his retirement, and I must say Bill is one of those faces that in my experience over the last some 20 months, I guess, as Health minister. Bill pops us here, there and everywhere and has his hand in so many things and is a steadfast advisor and someone who I know always has so much thoughtful perspective on the issues that we’re facing, and I have been indebted to Bill, and I suspect that no matter what he does on to do next steps that we’ll still all be able to turn to him for good advice and thoughtful suggestions.

I want to thank the dancers that started off this event. That was a beautiful song and of course a beautiful anthem that we heard as well. I was delighted to hear about the tall maples that once stood in this area, and that’s a great thought for Canada 150 to think about the tall maples and now you have the legacy of remaining tall maples wherever you are.

I want to also acknowledge, as was already said, that we are on the traditional territory of a number of First Nations. The Musqueam, the
Squamish, and the Tsleil-Waututh First Nations at one point or another have moved on and off this land, and I’m pleased that we’re able to gather in this place today.

So when I talked to some of you last year at this same kind of event, we talked a bit about building health systems and growing health systems and making sure that they were both integrated and comprehensive.

And so as I was preparing to speak today, I thought about what has happened since then. I think last year the day that I spoke to the conference was the day that the bill on medical assistance in dying passed, so that makes me sort of set it in a time frame of where my mind was at that time, but we’ve all, I think, looked—we can look back on the past year and think of the things that have been accomplished. I know that the objectives that I am seeking are similar to those that you share. I want to thank you for the work that you have done on our shared priorities.

From the federal government’s perspective, I am happy to say that I think we’ve taken some important steps that I trust have helped to strengthen Canada’s health care systems. I see these as really crucial building blocks in our ability to keep Canadians healthy and make sure that we meet the health care challenges that all of us are going to be facing over the next number of decades.

Par exemple, nous avons conclu des ententes avec presque tous les provinces et les territoires, des ententes qui donneront lieu à de meilleurs soins de santé pour les familles canadiennes.

En plus d’une croissance importante chaque année pour les transferts en matière de santé, les ententes aussi comprennent 11 milliards de dollars de nouveaux investissements fédéraux pour les priorités
A few weeks ago, we also took steps, which I hope you heard about around pharmaceutical pricing and some work to achieve lower drug prices, so that Canadians will be able to have access to the prescription medicines that they need. We took steps at the same time to announce an approach to allow faster access to those prescription medications, especially when we know that their safety and therapeutic benefit and value for money have been proven. We are doing work to support better prescribing practices and particularly less overuse of drugs for seniors and in fact for all Canadians, and announced our intention to continue working with the provinces and territories on the building of a common drug formulary.

So I could go on and talk about some of the other things that we’ve done, but I want to look forward from here and pick up our discussion from last year, and specifically pick up on some of the things that you mentioned in terms of the themes of your conference today.

I wanted to focus particularly on the links between innovation and patient-centred care. And the bottom line is this when it comes to patient-centred care. Patients and their families have to be at the centre of health systems and the work that we do in order for us to improve. It’s not just that that’s of course the right thing to do, but it’s also the best way to build sustainable and efficient systems that are going to meet the needs of Canadians, both now and well into the future.
The need for patient & family-centred care
This year’s conference theme is, “Value-based healthcare: Embracing a patient and family-centred approach.”

Of course the concept of a patient-centred approach is nothing new as – I feel old when I hear my bio because it makes me think that I’ve been in this business for more than 35 years in one format or another, and we’ve been talking about patient-centred care the entire time. And I bet every one of you in this room for your entire careers has in some way or another talked about patient-centred care, but we still haven’t actually figured it out

My hope is, though, that this is a time where I think that the opportunities that are afforded to us through digital innovation, combined with that necessity, that ongoing necessity to ensure value for money, is going to help us to finally get it right.

For any enterprise in our country, indeed in the world to be successful, it has to be oriented to its customers or its consumers. Meeting the needs of the people that a system is intended to serve ought to be job one.

In healthcare one could argue that has not been the case. We have been allowed to be provider-oriented because of “expert” or “specialized” knowledge – what some call information asymmetry. We need to change that if we’re serious about patient-centred care.

Let’s start by clarifying that when I talk about innovation and efficiency, I do so with a firm commitment to publicly funded universal health coverage. I hope it is clear that our government is committed to upholding the Canada Health Act and all its principles.
Some of you might have read The Globe and Mail over the weekend, and I think even this morning there was another article and follow-up to that. So I thought it was important that as we talk about innovation we absolutely have to innovate, but permit me to reaffirm our conviction that all Canadians should have access to medically necessary care in a timely way, prioritized according to medical need and not according to their ability or their willingness to pay.

And I recognize that there are people in this room that don’t agree with me on that, but that is firmly where we stand. I want to assure you that we know that extra billing and user charges for medically necessary care provided by physicians and in hospitals is contrary to the Canada Health Act. Canadians who are aware of such contraventions should be reporting these to provincial health authorities. Provincial health authorities should in turn be reporting them to the federal government, and these should be dealt with accordingly.

**The strong principles underlying Canadian Medicare are essential to the success of sustainable, patient-centred care.**

However, I know that Canadian health systems can be improved. And I know the definitions of medically necessary care are not necessarily what we might have picked if we decided today, but we need to continue to work within the system and support publicly insured care. Patients have paid for care through their taxes, should not be asked to pay again.

But like everything else in health care, it starts with listening. It starts with listening to people, and in this case often patients. And more than ever, Canadians and their families want to and should play a greater role in their own care.
What does this mean? It means catching up with Canadians and the rest of how they live their lives. In short, we need to innovate.

The quality of care in Canadian healthcare institutions is, for the most part, outstanding. Like you, I have friends and family members who are facing serious health issues right now and I am thankful that they are receiving safe, high-quality care and that they don’t have to worry about going bankrupt to get the care they need.

Mais sur d’autres mesures, nos systèmes de santé n’ont pas suivi le rythme des réalités sociales, démographique et fiscales. Les systèmes en place pourraient refléter les besoins et les priorités des générations passées, mais pas celles d’aujourd’hui.

In 2014, the Commonwealth Fund ranked OECD countries on their patient-centredness, based on communication; continuity and feedback; and patient engagement. Canada ranked eighth out of 11 countries.

Studies in Canada also demonstrate our need to catch up, showing that:

- 70 per cent of Canadians search for health-related information online – frankly I suspect it is even higher than that;
- While 80 per cent would like online access to their own medical information, only 6 per cent actually have it; and
- Only 4% of Canadians can email a medical question to their provider.

Canadians are increasingly sophisticated consumers of health information. This is opportunity that should not be wasted.

There is a pent-up demand for patients to engage directly with healthcare providers, to better understand the care they receive and to make their experiences of healthcare easier.
Not unlike what the field of journalism is facing, if evidence-based care providers don’t respond to that demand, it should not surprise us that people turn to more readily accessible and responsive sources of information – which can often be fake news and unreliable advice.

So what to do? Let’s start with what’s in your pocket or in your hand right now. Almost all of us are carrying a device that has the potential to revolutionize the patient experience in Canada – a smartphone.

We do everything on smart phones. On my phone I have apps for
- Driving directions;
- Counting steps;
- Watching news or movies;
- Paying for coffee;
- Ordering dinner to be delivered to my home;
- Checking in at the airport.

I’m not afraid to use my phone to send photos, purchase music or do banking. I expect the same security and confidentiality in these transactions that I have when carrying them out in person.

And I know that the issue of cybersecurity is something that has come up in some of your conversations today, and it’s something that obviously needs to be addressed, and in fact our government and specifically the Minister for Public Safety is currently addressing making sure our systems are safe in this country, but we’re not – if we’re not afraid to do financial transactions on the phone, we should not be afraid to deliver care on the phone.

But I can’t currently use my phone to book a doctor’s appointment or get reliable personalized medical advice.
We should also remember that Canadians are world leaders in time spent online. Now that may not necessarily be something to be proud of, and one could argue that we should get out and enjoy the tall maples a little bit more and toss our phones away for a while, but it’s a sign of a great opportunity for scaling up robust patient-centred approaches for digital patient engagement.

Creating a mobile healthcare experience – integrated to the rest of the health system – is not easy. But it’s not rocket science. It’s been done elsewhere.

*De nombreuses technologies encourageantes sont en place au Canada. Les provinces et les territoires investissent de plus en plus en santé numérique et dans les systèmes d’accès aux patients.*

*Le gouvernement de l’Ontario prévoit donner l’accès aux dossiers de santé aux patients grâce à son système cyberSanté.*

With the support of Canada Health Infoway, Nova Scotia is developing MyHealthNS, a secure online tool to share information and provide doctors and patients with medical test results.

With chronic illnesses on the rise, there are countless devices and online apps to help patients self-manage some health conditions.

The potential for new technology to meet patient needs is limitless.

One of the challenges is how to link these technologies to the rest of our health system. Already we struggle with fragmented siloes of care where one system doesn’t talk to the next. This is wasteful, frustrating and sometimes dangerous.
My plea is this. Let’s commit to seamless systems of care. Let’s put the patient and their family at the centre. From there, we should agree that every person deserves to have a primary care medical home – to which the patient is linked personally and electronically. The network should flow from that priority relationship of the patient with their primary care provider. The patient-centred network ought to include home care providers, the local lab and community pharmacy, the hospital, emergency department and as appropriate, also first responders.

To imagine what it should look like, just imagine the last time you were trying to navigate care for yourself or a family member. What would have made it easier for you?

To support the digital revolution toward patient-centred care, our government committed an additional $300M over the next 5 years to Canada Health Infoway to expand e-prescribing, virtual care initiatives, electronic medical records and mobile patient portals.

Innovative, patient-centred care is also essential to meeting the health needs of rural and remote First Nations and Inuit communities.

In fact, here again, our greatest challenge gives a glimpse of our greatest opportunity. I believe Canada could be a world leader in technologies for high-quality, remote-presence care delivery.

Yes, there will always be a need for face-to-face care, for hospitals and emergency departments. We can never underestimate the power of human touch that provides connection and healing and builds the therapeutic bond.
But in our massive country we must find ways to conduct examinations, consultations and interventions remotely. And if we can do it well for patients in Iqaluit, the same systems and technology will open opportunities to deliver care to people working in office towers in big cities and for seniors and people with disabilities who aren’t easily mobile.

With that in mind, Budget 2017 invests $828M, over five years, for healthcare in First Nations and Inuit communities.

This includes resources for innovation in care delivery including robotics and telemedicine.

It includes many other patient-centred initiatives, such as prenatal escorts for expecting mothers needing to travel far from home to deliver their babies – and investments to expand midwifery programs with the goal that ultimately more women can give birth in their own communities. Finding ways for people to get the care they need as close to home as possible can be supported by harnessing the potential for remote consultations and virtual care.

Before I switch topics, let me note something I say often: innovation in healthcare is about much more than shiny new gizmos and gadgets.

Of course, we must consider the value imperative: what new tools will deliver the best value for money.

We should always remember that while apps & new technology have tremendous value, some of what patients want is simple and low-tech.

Sometimes, it’s about the basics – easier access to health professionals, better communication between hospitals and home care.
And it’s not always about doing more, sometimes it’s about doing less. That’s why Budget 2017 committed an additional $51M over three years and $17M annually for the Canadian Foundation for Healthcare Improvement to accelerate innovation in all provinces and territories.

CFHI is doing a great job to spread ideas that work – whether it be patient-centred community based care for patients with COPD or supporting an entire province to adopt a program that supports de-prescribing of anti-psychotics in long-term care facilities.

**Innovation and the Overdose Crisis**

As we think about how health systems need to innovate and adapt to changing trends and emerging challenges, I can’t be in BC without commenting on the epidemic of overdose deaths.

British Columbia has been ground zero for this crisis in Canada. Almost every month the death toll rises here and across the country.

I won’t take time to address the issue thoroughly in this setting, but I wanted to impress upon you our government’s determination to use every tool at our disposal to stem the steady stream of deaths.

We are committed to a comprehensive, collaborative, compassionate and evidence-based approach to drug policy.

Last week, we reported, for the first time, a national picture of overdose deaths for 2016. The data is not perfect and there are still some missing pieces, but we can now report that at least 2458 Canadians died last year as a result of an opioid-related overdose. The 2017 numbers are projected to surpass this.
The Public Health Agency of Canada is launching an epidemiological study to better understand the picture and inform future decisions.

This crisis is complex. Problematic substance use has its roots in social determinants including poverty, homelessness, abuse and other forms of unresolved trauma. The challenge has been exacerbated by overprescribing, driven in part by deceptive pharmaceutical marketing.

But the situation has become far more dangerous because of the emergence of highly potent opioids, such as fentanyl, that have increasingly contaminated the drug supply over the past 5 years.

Our comprehensive response includes the 4 pillars of prevention, treatment, law enforcement and harm reduction.

L’une des premières choses que j’ai faite en tant que ministre de la Santé a été de changer le statut du naloxone pour qu’il soit disponible sans ordonnance et en plusieurs formats.

Nous avons adopté la Loi sur les bons samaritains secourant les victimes de surdose pour protéger les gens des infractions liées à la possession simple lorsqu’ils appellent le 911 en cas de surdose suspectée.

We have now granted approvals for 12 supervised consumption sites.

We overturned the ban previously associated with pharmaceutical grade heroin. Now, we are fast-tracking a proposal to allow for the bulk import of medications to address urgent public health needs. This includes the ability to import diacetylmorphine, aka heroin.
We hosted a summit with 42 organizations committed to concrete action to address this crisis, resulting in 129 distinct commitments from a range of stakeholders who are providing assistance from all angles.

We've invested new money into the Canadian Drugs and Substances Strategy, with more than $100M in new spending in Budget 2017.

That’s a 20% increase to that strategy, so it now sits at close to $700 million over five years. We provided $16 million in direct emergency funding to Alberta & BC.

Comme je viens de le souligner, nous nous sommes engagés à investir 5 milliards de dollars dans les provinces et les territoires pour améliorer l’accès aux soins de santé mentale, ce qui a des liens apparents avec la consommation de substances problématiques.

Aucune de ces étapes ne résoudra ce problème du jour au lendemain – mais cela ne veut pas dire que nous ne travaillons pas tous les jours pour résoudre ce problème.

There is not one single action we can take that can solve this crisis. It is going to take tremendous determination & collaboration – a whole-of-society response. Thank you for what you have done to date. It is going to get worse before it gets better. We must work together in a bold, ambitious, compassionate response to turn the tide on this tragedy.

**Conclusion**
Let me conclude by taking this specific issue back to where we started – innovation and patient-centred care.

What does a patient-centred approach look like for people with problematic substance use?
If we were fully patient-centered, we would address the root causes of pain – including poverty and adverse childhood experiences. We would provide the care people need, without judgment and discrimination.

If we looked at the overdose epidemic from the lens of system innovation, we would have health records that follow the patient, regardless of whether there is a fixed address. We would harness the full power of geo-coding technology to see where overdoses happen, in real time, and use that information to improve efforts for prevention, treatment and harm reduction.

This is all to say that every major health challenge we face in Canada – from an epidemic of overdose deaths – to the rise of chronic diseases, such as diabetes – to the intractable scourge of ancient infections, such as tuberculosis... each of these threats requires us to embrace a patient-centred approach.

Nous ne réglerons pas ces problèmes du jour au lendemain. Mais nous pouvons faire beaucoup mieux. Vous êtes ici parce que vous êtes engagés à améliorer les soins de santé au Canada. Merci de votre leadership – pour le travail que vous faites à chaque jour pour aider le Canada et les Canadiens.

It is my honour to serve as your federal Minister of Health. I know that you and the organizations you lead and represent are dedicated to serving Canadians as well. I join you today in a commitment to support seamless systems of patient-centred care. Together we will advance progress toward our collective goal, that is: health for all.