



***“Sunny Ways” to Advancing Health Research Agenda:
Because it’s 2015!***

**Speaking Notes
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“Sunny Ways” to Advancing Health Research Agenda: Because it’s 2015!
by Bill Tholl, President and CEO of HealthCareCAN
Vancouver, Nov. 18, 2015

Many thanks, Bob for the opportunity to be here this morning.

We have a new government, with a new way of doing business...the *sunny ways* of collaboration and a return of cooperative federalism and this presents new opportunities to create the winning conditions in advancing the Canadian health research agenda.

The question I would pose for all of us today is this: “It’s 2015”, as the PM reminds us. What can we do as a health research community to help the new federal government to grow the knowledge based economy for the future by leveraging up Canadian advantage in terms of research in the health and life sciences?

I want to begin by taking a brief step back and taking stock of where we have been in terms of our health research ecosystem. During the *dark days of the early 1990s*, we saw the continuous declines in research funding in Canada as part of overall fiscal constraint. Funding from the then Medical Research Council bottomed out at about \$360 million and we were, in the opinion of some senior health researchers, “eating our young” in terms of leaving young scientists high and dry. We were in a full-fledged brain drain.

Along came a visionary from Manitoba, Dr. Henry Friesen and the Friends of the Medical Research Council. As CEO of Heart and Stroke Canada at the time, I was one of MRC’s many friends. By 2000 the concept of the Canadian Institutes of Health Research (CIHR) was born. It was lauded internationally (Ref: Nature magazine).

Along with a host of other programs such as the millennium scholarship program, Canadian Foundation for Innovation, Network of Centres of Excellence (e.g. Stroke Network) and the Canada Research Chairs, we turned things around.

The brain drain gave way to the brain gain. We were able to attract stars from around the globe. Funding for the CIHR reached the \$1 billion mark and until 2010, the world was indeed our oyster.

Following the 2008 world-wide recession, however, we started to lose ground in both absolute and comparative terms.

In absolute terms, the CIHR core budget has essentially frozen for five years, losing approximately \$150 million to inflation. Grant applications, for a number of reasons, increased by over 50% between 2010 & 2015.

We also saw the advent of a number of strategic initiatives, including the Strategies for Patient Oriented Research or SPOR. My understanding is that this and other “signature initiatives” at the CIHR resulted in a further \$250 million in transfers from the operating grant pool of funds. This is why SPOR is sometimes considered a four letter word to some because: When robbing Peter to pay Paul, rest assured Paul will be happy and Peter won’t!

Over the same period, we have also seen an accelerated scaling back of private sector investment. (Business report from the Globe and Mail – “Last Days of the Lab”.) OECD suggest Research and Development spending in health is down by 50% since 2000 and well below the 10% commitment to re-invest that was tied to patent protection.

Finally, the April 21st federal budget earlier this year certainly didn’t help. We saw a further erosion of funding, with no increase in the CIHR budget until 2017 and then, only \$15 million earmarked for SPOR and for a special research program into Antimicrobial Resistance.

The result: a perfect storm! A dramatic reduction in grant approval rates at CIHR from the 20% range in 2010 to just 12% or less this year. In a further effort to “spread the peanut butter more broadly”, each approved grant also now is reduced by 25%, an increase from 15% in 2010. The most disturbing statistic is the woeful support going to the next generation of researchers, those under the age of 35 where approval ratings have now dropped to less than 5%.

More and more grants, less and less likelihood of being successful. Is there any wonder why CIHR and other granting agencies are having trouble finding peer reviewers? I believe that we are perilously close to another run on our future, another brain drain.

STABILIZING THE TRAUMATIZED PATIENT

Where to from here? By way of a metaphor, if health research were a patient, it has been severely traumatized over the past five years. As Emergency Room docs in the room would tell us, the first task in such cases is to stabilize the patient.

Stabilizing the health research patient requires, based on recent data from the CIHR, an immediate infusion of somewhere between \$150 million and \$250 million to stop the hemorrhage and forestall the forces of another brain drain.

We need to get CIHR back to where it was in 2010 in terms of funding investigator-initiated research. And, this is the key message we will be bringing to the new Minister and new government as priority one in the spring 2016 budget.

We also need to find ways to promote private sector investments in health research. This is complicated by global forces well beyond the scope of influence of Canada (Comprehensive Economic and Trade Agreement and Trans-Pacific Partnership).

That said, we do have some incredible advantages starting with a genetically rich diverse population, massive troves of administrative data and world class clinical researchers that lead the pack in terms of break-through research, 50th anniversary of Dr. Gold et al discovering CEA and scientific citations.

At HealthcareCAN we are trying to do our part by, for example, working through/with Rx&D and CIHR as partners in Canadian Clinical Trials Coordinating Centre (CCTCC) toward a common legal template, speeding up Business enterprise research and development (BERD) reviews and creating a clinical trial asset map (CCTAM). Good progress is being made on all three fronts. We also recently launched, with funding from CIHR, our “Innovation Sensation” program which shines a light on leading practices across the country. Just two examples of our efforts to stabilize the health research patient.

TRANSPORTING THE PATIENT INTO THE FUTURE

“Never let a crisis go to waste” (Rahm Emanuel, Chief of Staff to Obama)

Longer term, if we are to change the trajectory on health research with the new government, we need thinning and leadership from the research community. We need to come together like never before to help reframe the health research challenge as a Canada-building opportunity. We need to collaborate to compete internationally.

Leadership, in turn, requires a clear and compelling vision for the future of health research.

To start we need to see the health and life sciences as an economic engine, as a pathway to sustainable jobs and a knowledge based economy. Research hospitals and health authorities across the country currently account for over 60,000 research and research related jobs. Overall, they account for over 600,000 direct and indirect jobs. We need to see those working in health research and healthcare as value centres rather than cost centres.

The Prime Minister has committed to initiating negotiations within 90 days on a new First Ministers health accord. We need to ensure that a new healthcare innovation fund is embedded in the accord, in keeping with the Naylor Panel recommendations [Advisory Panel on Healthcare Innovation]. More federal funding must, however, come with more strings or greater accountability, including greater accountabilities from the research community. Chequebook federalism has not served the health community well.

At the Canadian Academy of Health Sciences this time last year, Peter Nicholson, from the Canadian Academies, set out a plan to create a healthy research ecosystem, one that better balances supply push and demand pull research.

Feeding the pipeline of academic research continues to be necessary, but not sufficient if Canada is going to capitalize on or commercialize our health research potential. Quite clearly the market can’t do this on its own, so again we need federal leadership to reset the table in terms of setting clear priorities, selling our strengths and buying our weaknesses.

We need to establish, I believe, a Canadian Health and Life Sciences Innovation Roundtable to advise the Health Minister and the CEO of CIHR on pathways to a sustainable health research ecosystem and to hold the players to account. We need clearer performance metrics to measure progress.

We also need to redouble efforts to overcome what I call the “Canadian Condition” - the irresistible urge to re-invent the wheel within and across jurisdictions. We now have more healthcare pilot projects in Canada than Air Canada has pilots! The Naylor panel quite correctly points to the need for new ways of scaling up and speeding up innovations across the country.

We are encouraged by the overall Liberal health policy platform: “Investing in health and home care”. It has four basic building blocks, including a strong commitment to innovation agenda using Naylor-esque language.

“Pan-Canadian collaboration on health innovation: We will work with provinces and territories to overcome obstacles to innovation in health care delivery and to disseminate and scale up successful new practices, such as ways to use genomics in precision medicine. This includes supporting initiatives that help health care providers collaborate, across Canada, to ensure the most appropriate and effective treatments and practices for their patients. By using the best available evidence, governments can increasingly work together to support front-line health providers as they deliver high-quality and effective care to Canadians”

Real Change – Investing in Health and Home Care, Liberal Party of Canada, Sept. 30, 2015

Also encouraging, we have a new Cabinet and a renewed commitment to science and technology in pursuit of knowledge-based economy. We have the first MD Health Minister in almost a century, Dr. Jane Philpott.

We now have a new Minister of Innovation and Minister of Science, the Honourable Navdeep Bains and will have a new Chief Science Officer under the Minister of Science, the Honourable Kirsty Duncan.

I look forward to hearing from my friend and colleague Neil Fraser on his take, but I, for one, worry when I read the Minister of Health’s mandate letter, which was released just last Friday. On the face of it, the innovation agenda seems to have been limited to the increased application of digital technologies (aka Canada Health Infoway).

I fear that the government has gone “Naylor-lite”...not only in terms of money and machinery but also in terms of providing a bold new vision for the future.

Note: Meeting with Deputy Minister on November 20th as part of G-4 (doctors, nurses, pharmacists and hospitals) and look forward to learning more about the government’s priorities. We will commend the government on its health platform and underscore the need for strong federal leadership on a broad, bold healthcare innovation agenda, as recommended by the Naylor Panel.

TO SUMMARIZE

The health research patient has been seriously traumatized and needs an immediate infusion of funds via the CIHR to stabilize the patient and avert another serious brain drain.

As a research community we need to come together to strike the right balance in terms of creating a healthy ecosystem for health research for the future. This will require partnering with other healthcare organizations and the private sector to avoid robbing Peter to pay Paul.

New health accord affords us an opportunity to change the dynamic to a more collaborative, concerted approach - “sunny ways”. But let’s ensure that this time around we buy change, not just peace.

We need to take the Naylor Panel recommendations seriously. We need to change the policy dynamic and see health research as a pathway to a knowledge-based economy.

And, finally, the goal in reframing health research should be nothing less than getting Canada back in the top tercile of health care performance in the world. In order to do this, we have to overcome the Canadian condition! Canadians expect and deserve nothing less.

Thank you.