Speaking Notes for Dr. Arthur T. Porter

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Let me begin by saying that I am honoured to have been invited by the Board of Trade of Metropolitan Montreal, the city's premier business forum, to speak to its members and guests. I am also proud to represent the McGill University Health Centre and its 15,000 employees at a time when we have embarked on a formidable journey to redevelop our facilities. This $1.1 billion project is designed to create the environment we need to improve the clinical care, teaching and research that we offer.

There are, I think you will agree, few issues that affect the inhabitants of this planet as personally and profoundly as health care. From the citizens of the wealthiest super powers of North America and Europe to those of the poorest nations of Africa and Asia, every one of us wants the best health care possible for ourselves, for our families and for our communities. We have only to think of the devastation of December's tsunami or look into the faces of some of the millions of children orphaned in Africa by the AIDS pandemic to be reminded that health care is one of our most basic human needs.

The media, the Internet and other communication technologies bring into our lives those African and Asian faces struggling with disaster and disease faster and more vividly than ever before. Those same technologies give us an opportunity to respond just as quickly with relief and support. And on a planet made smaller by technology, the knowledge and expertise nurtured in a developed country such as Canada serves not only our own citizens, but also populations around the world.

I, myself, am living proof that the world is getting smaller. My mother was Danish; my father is African. I grew up in Sierra Leone, West Africa, did my medical training in the United Kingdom, completed my residency in Alberta and Ontario and earned my MBA in the United States.

Along the way, I have experienced numerous health care systems as a physician, researcher, administrator, patient and family member of a patient. I've lived the differences in the health care systems that are offered by both the richest country in the world—the United States—and the poorest, Sierra Leone.

And along the way, I've come to define two values that are fundamental to a successful health care system—*universal access* and *excellence*.

Universal access, in its simplest terms, is a health care system that is organized and financed to deliver equitable care to everyone. In Canada, of course, our approach to universal access is a government-sponsored, single-payer system that ensures healthcare coverage for all citizens regardless of income level or employment status. Canadians generally believe that this system benefits not only individuals, but also the society as a whole.

Excellence means that the system provides quality health care in all circumstances and that we bring the latest discoveries in health care technologies and therapies to our patients quickly and effectively. *Excellence* demands that we constantly push the boundaries of medical knowledge to treat and cure – to conquer old health care nemeses and meet new challenges.

It makes a great vision statement for health care, wouldn't you agree? *Universal access* and *excellence*!

But can *excellence* in health care really co-exist with *universal access*? Many have posed that question.

I am here today to make the case that they can, indeed they must, co-exist. I am here to explain why all of us—not just health care professionals like myself—have an enormous stake in ensuring that our health systems offer excellent care to all who need it, equitably and affordably.

I am also here to make the case that to accomplish this necessary goal, we must keep an open mind when it comes to how we organize and deliver health care; we must prioritize creativity and innovation and we must adopt successful management models wherever we find them, even in the private sector. In effect, we must seize every opportunity and every good idea that is at our disposal.

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Now I recognize that I may face an uphill battle convincing some of you that we can offer *universal access* and still maintain, even advance *excellence*. So let's start with some simple comparisons of health care systems in three not completely dissimilar countries – Canada, the United Kingdom and the United States.

All three countries spend a significant portion of their GDP on health care but of the three, Canada is the only one that does not have a private hospital system running parallel to a public one. However, this discussion does not fall easily into a black and white debate about "public versus private" health care.

For example, while the U.S.'s model is the most privatized of the lot, nevertheless 44 cents out of every dollar spent on health care in America is publicly funded. Furthermore, whilst Canada may have less high-tech equipment than the United States, on important indicators of public health such as overall life expectancy, infant mortality and death rates for heart disease, Canada tends to fare better than the U.S. Arguably, the American system has as many problems as our own. There are now nearly 40 million Americans who are

currently uninsured and for many of them there is no true safety net other than using the emergency room as the only access point to receive health care. In the US today there is a clear recognition that something must be done: the question is what?

The British aren't exactly thrilled with their National Health Service (or NHS) either. Long wait-times for everything from elective surgeries to dental appointments forced the British to look at radical reforms as early as 1990. Fearing that its system would not have the resources to provide equitable access to the latest medical treatments, the NHS felt compelled to introduce an "internal market" of private clinics and hospitals. However, at the same time the British government embarked on an ambitious project to revitalize its public health care system with a massive hospital construction effort financed through Private and Public initiatives, the so-called PPP or PFI program.

And then there's us in Canada! The public cries out for more high-tech equipment, shorter wait-times, more family doctors and quicker access to new drugs and therapies. You might conclude that Canadians believe our system is fundamentally flawed. But we know from the Romanow Commission on *The Future of Health Care in Canada* and the Kirby Standing Senate Committee report that public support for a single-payer, universal access health care system is clear.

Some people in the health care field together with a number of politicians and pundits have come to the conclusion that Canadians are unrealistic in their expectations and impossible to satisfy. Why, they ask, are they so demanding?

There are, I believe, two main drivers of our patients' complex desires: those are consumerism and technology.

Patients today are more knowledgeable and less deferential to men and women in white coats with MD, RN, PhD or MBA after their names. When goods and services are deemed useful and are available elsewhere, people expect access to them immediately. Scientific research has brought about an explosion of technological breakthroughs over the last couple of decades that do wonderful things for people's health – wonderful, but usually expensive things.

The big question is: how do we satisfy the public's growing and changing expectations without creating an even greater cost-containment crisis?

To take a simple example: Canadians are frustrated by long waits for MRI scans. They look south where the Americans have more than four times as many scanners per capita, where access really is more a matter of money than availability of technology resources. Do we have too few MRIs or do the Americans have too many and perhaps use them inappropriately?

The answer lies somewhat in between equipment availability and standard of practice. It becomes very important to judge the prevailing state of the art and calibrate our resources to match. One very useful tool that we have at our disposal is the MUHC Technology Assessment Unit, which regularly assesses the available research to ensure that we use therapies appropriately.

Reforming health care is challenging. Only by keeping an open mind about how we can best organize and deliver health care can we rise above the sterile "public versus private" debate, a debate that does little but increase the temperature in whatever room it is raised.

It is, after all, too simplistic to say if people want to pay for quicker access to health services via the private sector, that this will reduce pressures on the public system for people, thereby speeding up services to those who cannot or will not pay directly for them. Or, to insist from the other side of the argument, that

parallel private services cannot be allowed because this will inevitably downgrade, medically and academically, the public system.

What we need to do is take a rigorous and pragmatic look at all the options and ask the key question: What's going to work? In my mind this should be an open question with the prime directive demanding an affirmative answer to two simple questions:

- Will whatever we choose benefit our patients? (And by that I mean all our patients regardless of their ability to pay)
- And, is it sustainable? (Our patients' needs must be served immediately as well as in the long term by any reforms or innovations).

I think all of us involved in health care have to accept that we will never have enough public resources to provide access to all therapies in a time frame that growing numbers of patients are coming to expect. And this means that we are going to continue to deal with private ventures looking to serve individuals.

And I will also say this: if some of those private or semi-private initiatives are consistent with the basic values of universal access and excellence, then I believe we need to be open-minded to them. But the open-minded person would also want answers to many questions:

- What services can be safely offered outside of hospitals?
- Will private clinics really reduce pressures on similar services in hospitals?
- Can agreements be developed with these clinics to benefit all potential patients?
- How do we ensure quality of service and accountability?
- Do we need to coordinate where and how these services are offered or should local markets decide?
- How will our work force and union contracts be affected?

The baseline for such a discussion should be that private services are potentially beneficial but only if they are aligned with what the public sector is doing and only if they are respectful of our core values of *universal access* and *excellence.*

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Ladies and Gentlemen, I am shamelessly promoting open-mindedness and creativity today because we stand before a great opportunity, an unprecedented opportunity that we can only seize if we change the way we think about perennial challenges.

The first and obvious opportunity involves bricks and mortar, two major investments in the renewal of Montreal's most important university hospitals, the MUHC and the CHUM. On the MUHC side, this involves a two-campus facility that will provide state-of-the-art facilities for health professionals, caregivers, and researchers from all of our founding institutions – the Montreal General, the Royal Victoria, the Montreal Neurological and the Montreal Children's hospitals, as well as the Montreal Chest Institute. Our Redevelopment Project calls for two campuses committed to equal standards of excellence, one on the Mountain and one at the former Glen Yards.

We are also working very hard to ensure that the Shriners Hospital will be part of the Glen Campus and I trust that we convinced the Hospital Review Committee yesterday that the special way we work together, collegially, and the synergies that we favour make a huge difference in patient outcomes.

Our Redevelopment Project will be completed in stages. Some projects are already well underway at the Mountain Campus while the first facilities at the Glen Campus will be ready to serve the public in 2008. The entire project will be completed by 2010.

Some have said that timing is everything, and perhaps it's true, for this is an exciting time to be launching these projects. Quebec is in the process of completely refashioning its health care system from one centred on an episode of care to one based on achieving population wellness. Our government is to be commended for this philosophy and commitment offers even greater opportunities to develop a health system that is truly future ready.

However it must be emphasized that bricks and mortar alone will not allow us to protect *universal access* and to promote *excellence*. We have to delve into and modify how we do business at the most fundamental levels. How will our physicians and staff work with the public and how will we manage to satisfy their expectations as customers and consumers? Personally, I use the words customers and consumers without apology when I refer to our patients and their families.

It is with them in mind that we are driven to think outside of the box and perform outside of the box. Not only are we identifying ways to optimize the 'complementarity' of services and create efficiencies, but we are also exploring new ideas that will create a stimulating, healing environment within our facilities for patients, visitors and employees alike.

Here are some examples of the kind of questions we need to ask to "get out of the box":

- Why do we have waiting rooms unless there's an expectation that people should wait? Couldn't we change that expectation and improve services enormously?
- Why, with a four-digit code, can we access our checking account, our savings account and a whole range of services through a banking machine, but it is extremely complicated to access even the most basic of our medical records?

Fundamentally, we are a service industry. This means that our people – at all levels – must be valued as precious assets, and like any asset must be integrated into the fabric of our business. Having met and interacted with many of the individuals who work within the MUHC structure, I know that they can and will contribute to this success story.

And as we serve this dual mandate of *access* and *excellence* we need to have the ability to attract the very best in the world. We must ensure that the MUHC is not only considered a local or provincial institution but also a world-class one that is ready to stand proudly toe to toe with the likes of Cambridge, Harvard and the Max Planck, as it does now. McGill University, with its renowned faculty of medicine and research capacity, including the Genomic and Proteomics Centre and McGill Centre for Advanced Bone and Periodontal Research, is invaluable to our success. And together, we intend our contributions to be regarded by all Quebecers as a national symbol of excellence.

This sort of thinking, this kind of environment, calls for intellectual and organizational flexibility, which brings me to my third point today: we must learn from successful management models.

There is great practical wisdom in many of your business systems that can be translated into the health care sector and into our hospitals. The *quid pro quo* of me being your guest speaker today is that I will be looking to each and every one of you for input into how we can introduce this kind of practical know-how into the MUHC.

I suspect that if we were to examine Montreal businesses that have managed to remain competitive in the current marketplace that we would find at the core of these companies continuous quality improvement. And for whom are quality improvements made? Customers.

Translate this into a health care context and you underscore the necessity of focusing on patients and their families. And how do you support continuous quality improvement in a health care environment? By providing an environment that supports—indeed embraces—change, that actively seeks out the latest technologies, methodologies, practices and policies.

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Let me speak now to the ability of this community to respond and take advantage of the moment. Over the last 8 months I have had the time to take a measure of this city. Take my word that Montreal is blessed with an incredible philanthropic spirit and a very generous donor community. Nowhere in my career have I seen such a solid base of giving, ready to help us finance our hospitals. Yes, <u>our</u> hospitals!

Our Project is moving forward on time, buoyed by the energy and spirit of all who work and volunteer at the MUHC and all who are committed to our *Best Care for Life* campaign. That the project is finally taking shape is great news for our community, our raison d'être.

And I have rarely seen a city administration as genuinely helpful as the City of Montreal. This is reflected in the City administration's desire not only to provide the best health care for its citizens but also to create value-added projects tied to medical knowledge transfer and to put the city on the international biosciences research map.

And finally, the Quebec government is responding admirably by having the long-term vision to invest in the MUHC and CHUM's redevelopment projects. By favouring a population-based wellness approach and fostering teamwork through integrated networks of health and social services providers, Quebecers will benefit from "the right care, at the right place, at the right time." The return on

investment to society will be profound. We must not allow ourselves to be divided among linguistic, religious, economic or political lines in delivering the very best health care for our population. Appropriate and timely health care is equally important to all of us.

We have concentrated primarily on the MUHC as a health care provider today but we are more – we represent a major business entity. Economic growth is an essential theme in the MUHC story going forward.

Seizing every opportunity to advance *excellence* and ensure *universal access*, including opportunities to foster economic growth, becomes my fourth and final point today.

Renowned medical researcher and chairman of Genome Canada Dr. Henry Friesen said: “We should take full advantage of assets that have been built through public sector spending and create wealth generating opportunities that will build a tax base and create jobs for the next generation.”

I couldn’t agree more! And Quebec has yet to truly see the fruits of its hard work and investment in health care R&D over the last decades. The presence of two world-class university teaching hospital networks with one of the largest concentrations of medical and bioscience researchers in North America is an amazing opportunity for Montreal, and dare I say a virtual goldmine!

Our challenge—and one that I put forth today with the express view of stimulating action—is to bring together research, capital and industry so that we can accelerate the development of a new entrepreneurial culture; one that will create an efficient marketplace for commercialization of the knowledge we generate at our university hospitals and their allied research institutions. Realizing the economic gain that our advanced research promises calls for partnerships—a true marriage of the private and public sector.

But as with any partnership or joint business venture, it's important for each player to be clear about the bottom line; about what is core business and what is non-core business. Our core business is the provision of health care. We do research because it contributes to the success of our core business. We intend to develop partnerships – be it PPP projects, outsourcing or technology transfers – because they will lead to improvements in our core business. For us, that has to mean quality improvements, not just economic benefits. In other words, I am at the table, but only if it will help our patients.

And while we are being clear about our bottom lines, let's recognize that there are huge opportunities to do business together, to support and share research activities, and to develop and commercialize ideas in biotechnology, pharmaceuticals, and information technology. We can do this through the university health research network, through incubators, and by creating new professional service providers and specialized firms.

It's all there, just waiting to be created.

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Ladies and Gentlemen, Albert Einstein once said, "You cannot solve a problem with the same kind of thinking that created the problem."

The people we serve – our patients, our customers – have growing needs and high expectations. They expect quality care for the most complex medical conditions. They expect timely access, professional rigor and the very best outcomes possible. And they also expect fairness because they rightly see access to health care as an issue of justice and fundamental equality in our society.

We stand ready to meet those expectations at the MUHC. We are poised to enter a new chapter in a distinguished history of public service and medical leadership.

Many have asked me the question: “when does the redevelopment start?” My answer is simple: It has. The rail tracks and buildings on the Glen Campus have been removed, the bidding for site remediation is in its final phases, and on the Mountain Campus, work is ongoing on several projects that are part of the New MUHC.

We are on track and we will deliver on the promise of laying the foundation for a better health care system for the next 100 years.

All you need to do is ask, and you too can be part of the next century of medical excellence and equitable access in Montreal.

Thank you.