Health Care Leadership Summit

May 1-3, 2024

Learnings and Reflections

Ontario Hospital Association

100 Years

As the Ontario Hospital Association (OHA) celebrates its 100th anniversary, we reflect on the incredible achievements of the last century, a demonstration of what is possible through the innovation, collaboration, and leadership of our hospitals. Despite unprecedented challenges today in Ontario and around the world, the OHA believes we stand on the cusp of one of the most significant periods of change and innovation we've ever seen.

During the recent Health Care Leadership Summit – OHA's flagship annual gathering of hospital board chairs and CEOs - the following key themes were explored:

- **Reconsidering traditional thinking about health services, especially when it comes to determinants of health.**
- **Examining hospital CEO leadership competencies in a changing environment.**
- **Identifying concrete solutions and ideas for leveraging artificial intelligence (AI), technology, innovation, and our health research ecosystem to modernize care in Ontario.**

The following are some of the key learnings from each of the sessions and takeaways for future reflection and consideration by hospital management and governance teams.

Setting the Stage: Exploring Projected Illness and Population Trends

Assistant Professor Imtiaz Daniel, Professor Laura Rosella

One of the OHA's key strategic priorities is evidence-based health system funding and capacity planning. To support this work and based on the UK's Health in 2040 study, the OHA engaged researchers from the University of Toronto's Dalla Lana School of Public Health to study the projected health burden to Ontario's system based on comprehensive population health administrative data.

Two primary questions drove conversation on the results:

1. How might patterns of illness change because of the growing and aging population?
2. What are the likely implications for our health care system?

From now to 2040, Ontario will see its population grow by almost 36%, with the largest increase in those 65+ years old. The dependency ratio (working population to non-working population) will also increase almost 60% by 2040. This creates broad social implications in addition to health care implications for our system as Ontarians living with major illnesses will increase from 1.8 now to 3.1 million by 2024, with many individuals carrying more chronic conditions.

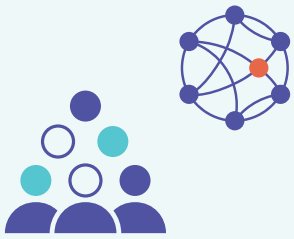
Consider this: How can we prepare for this growing and aging population? How do we reach the goal of compression versus expansion of morbidity?

Many illnesses worsen with age, and while we cannot eliminate this issue, we can use prevention to slow this trend.

AS A SYSTEM WE MUST COMMIT TO KEEPING PEOPLE HEALTHY WHILE CARING FOR THEM WHEN THEY'RE NOT. THIS COULD INCLUDE:

- Promoting greater education and knowledge sharing.
- Exploring the latest technology and innovation.
- Leveraging data as a point of engagement with policy makers.
- Starting think tank and solution generating.
- Collaborating with sector-wide, cross-jurisdictional stakeholders.

Anchor Institutions: Reimagining Health Care for Tomorrow



The Hon. Jane Philpott and Professor Sir Michael Marmot

Our education system is organized to spread and scale to the province's needs and ensure it is accessible to all Ontarians. Unfortunately, our primary care system is not planned in the same way. The severe lack of primary care services in Ontario has a detrimental impact across our health system. In Ontario, more than 2.2 million people are without primary care and this will grow to 4 million by 2026/27. Historically disadvantaged groups are those most affected by a lack of primary care services.

Other jurisdictions that build their health system using primary care as the foundation have significantly better health outcomes. Canada spends as much or more on health than most OECD countries per capita yet our outcomes are worse than most.

Why are we treating people only to send them back to the conditions that are making them sick? What can we contribute to reimagining care in Ontario?

Change is difficult and we are hard-wired for comfort – tweaking around the edges of the status quo. A seismic shift in resources to support primary care is needed. We must unburden hospitals and ensure services often only available within the hospital walls can be made available in primary care facilities. Making this shift requires the power of champions – our hospital leaders.

Hospitals have the power to effect necessary change, but it requires leadership and the ability to be bold and break away from the status quo. It's not ultimately about individual institutions – it's about remembering that they were started to enhance the health of the community.

KEY LEADERSHIP ATTRIBUTES FOR LARGE-SCALE REFORM:

- Prioritize equity of health and well-being.
- Align key sector partnerships to be allies across the community.
- Build trust for and in institutions in the community.

MARMOT PRINCIPLES

Professor Michael Marmot's "Marmot Principles" are tied to social determinants of health which directly impact an individual's need to access health care across the continuum.

- Give every child the best start in life.
- Enable people to maximize their capabilities and have control over their lives.
- Create fair employment and good work for all.
- Ensure a healthy standard of living for all.
- Create and develop healthy and sustainable places and communities.
- Strengthen the role and impact of ill health prevention.
- Tackle racism, discrimination, and their outcomes.
- Pursue environmental sustainability and health equity together.

While disease control is important, we must address the underlying inequalities – it's these inequalities that lead to increases in issues such as obesity, COVID-19, dental hygiene, all-cause mortality, and other conditions which can lead to excess deaths. Deprivation of these basic principles leads to any number of medical conditions.

Harnessing the Potential of Technology and Innovation

Dr. Muhammad Mamdani, Carla Girolametto, Dr. Azadeh Kushki

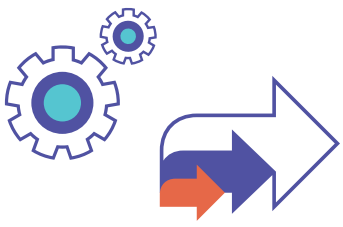
With the power and storage now available to support large scale AI implementations, hospitals are finding new ways to use AI to reimagine care at the regional, hospital and patient level. For innovation and adoption to be successful, the work must be end-user driven by those closest to the problem. The key to the success of technologies is they must meet or outperform clinicians' abilities to alleviate pressure on the system.

GUIDANCE FOR RESPONSIBLE IMPLEMENTATION OF AI IN HEALTH CARE:

- Pre-implementation – Bias and ethics assessment, external validation and explainability, communications and clinical validation.
- Soft Launch – Silent testing and evaluation.
- Implementation and Post Implementation – Communications (Re-iterating Expectations), monitoring, evaluation, and maintenance.

There are several equally important roles hospitals can hold in relation to AI that are not mutually exclusive – an innovator developing the solutions and an adopter implementing solutions. Partnering with institutions to educate teams on the advantages of technology provides cross-learning opportunities for staff and fosters an environment that champions new tools and innovations. For AI-based solutions to be successful, comprehensive data is critical and can be used to help determine organization priorities.

What innovative changes can be made to drive better care and improved hospital efficiency across the sector?



Leading Change. Embracing Discovery. Driving Innovation.

Dr. Brad Wouters and Dr. David Naylor

Health systems across Ontario and around the world are struggling despite being in a time of rapidly advancing technological capabilities.

The future and potential of the science and technology realm is remarkable. Evidence-based (epidemiology-based) medicine has always been flawed in a "one size fits all" design of using data to find average diagnoses and treatment and then applying them to individuals. Fifteen years ago, the human genome project allowed for detailed characterization and treatments tailored to the individual. This laid the foundation for precision medicine.

Using proper dispensation and privacy measures to anonymize data for 15-16 million Ontarians could create a data source to support AI for health care with unprecedented possibilities. Imagine quality assurance algorithms generalizing across all Ontario hospitals, pulling markers of risk not just from health care but from social services and other community supports.

While creative integration is happening at hospitals, it's occurring on an ad-hoc basis without provincial oversight or plan. Adapting and learning from models of innovation and integration developed around the world is necessary to make progress, as the Canadian system uses an outdated architecture with an over-reliance on the traditional remuneration model.

Consider how innovations might be appropriately scaled to gain buy-in from government and providers to secure necessary funding. There has long been a need for a national innovation agency to support projects and scale them to a community, institution, region, or province. While there is a great deal of creativity at our disposal, Canada is missing integration models which leads to limited implementation of solutions and ultimately fragmentation of care.

Hospitals as change agents are possible when the system works together. **We can engage other sectors and begin to create a coalition with the weight to transform health care in Ontario. This collective effort must connect community care, primary care, social services, and other surrounding systems to work in coordination and share advocacy efforts. Shared leadership and budget should be the goal for our health system.**

How can hospital governors and management create the space needed for adopting innovation going forward?