Health care in “arrested development”: Naylor

Fundamental flaws keep Canada’s health system in “arrested development,” Dr. David Naylor, chair of a recent federal panel on health care innovation, said in the keynote address at the 148th General Council of the Canadian Medical Association (CMA) in Halifax.

Naylor, a policy expert and former president of the University of Toronto, chaired Health Canada’s Advisory Panel on Healthcare Innovation. The panel was charged with identifying five promising areas of innovation in the health system that have the potential to improve quality of care and reduce growth in spending.

After travelling throughout Canada and hearing from more than 500 patients, groups, organizations and stakeholders, including the CMA, the panel released its report, *Unleashing Innovation: Excellent Healthcare for Canada*, on July 17. “The panel was struck forcibly by what we have to do,” Naylor said at the CMA meeting. “We were told repeatedly that stakeholders at all levels were frustrated with the status quo.”

Speaking to some 500 delegates and observers on Aug. 24 in Halifax, Naylor emphasized the importance of sharing innovative solutions: “Our systems are losing ground,” he said. Naylor found there was a great deal of innovation in certain regions that had not been adopted elsewhere.

To help remedy this disconnect, the federal government should create an agency called the Healthcare Innovation Agency of Canada and establish a [Healthcare Innovation Fund](#), the report recommended.

At the CMA meeting, Naylor highlighted the top five areas for innovation, beginning with engaging and empowering patients across the country. Successful initiatives need to be scaled up and patients must be engaged on the individual, organizational and system-wide level, he said.

Second is the need for workforce modernization and health systems inte-

“Our systems are losing ground,” Dr. David Naylor said in his keynote speech on health care innovation at the CMA’s General Council.

gration. He described team-based models, better use of information technology and new forms of payment that reward creativity and encourage health professionals to work to full scope. Naylor said he worries about the current relationship between physicians and governments, because “there is a fundamental problem that we as professionals are not rewarded for innovation.” He also advocated for breaking down silos and amalgamating budgets.

“It’s depressing how little has been accomplished,” Naylor said, “and this challenge may well be the fatal flaw in our system.”

His third key point involved engaging in technology transformation, through digital health and the rapidly progressing area of precision medicine. Canada is still grappling with how to provide high-quality care for the average patient and there are no plans on how to deal with rapid advancements in biotechnology, Naylor said.

Fourth on his list was pharmacare. He pointed out that Canada is the only country with universal health care that does not include pharmaceuticals. Piecemeal programs across Canada result in

unfair and uneven coverage. Canadians need to gain better value from procurement, reimbursement and regulation, he said.

Finally, Naylor challenged the idea that health care is a drain on the economy, maintaining instead that it is an economic driver and innovation catalyst. “There is great economic value to be unleashed if we take the right steps.”

He challenged the federal government to build a national consensus on ethical, social and legal topics, such as physician-assisted dying, and he made a bid for financial fairness. The burden of out-of-pocket health care costs is growing among elderly and low-income patients with chronic diseases, he said. He suggested the federal government create a new tax credit to help relieve the burden for this population.

The report described an alarming number of fundamental changes needed to improve a flawed system, many of which entail federal involvement. The federal government “cannot simply throw money over the wall and walk away,” said Naylor. — Shannon Lough, *CMAJ*

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