

Canadian health care lacks culture of innovation

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There is a simple reason why innovation is so lacking in Canadian health care, according to Kelvin Ogilvie, a scientist and former member of the Senate of Canada.

“There is no health care system in Canada,” Ogilvie said during a session on barriers to adopting and scaling medical innovation at the CMA Health Summit in Winnipeg.

Instead of a federal health care system in which good ideas can be shared and adopted widely, Canada has a collection of silos. The provinces and territories are “mega silos.” Each contains smaller silos — “none cooperating with each other, and continually feuding with the federal government,” he said.

“It is a well-known phenomenon in industry that organizations that have no innovation culture cannot easily adapt to innovation critical to their success if it is developed elsewhere,” said Ogilvie, who once chaired the Premier’s Council for Innovation in Nova Scotia. “Such is the case in health care delivery in Canada.”

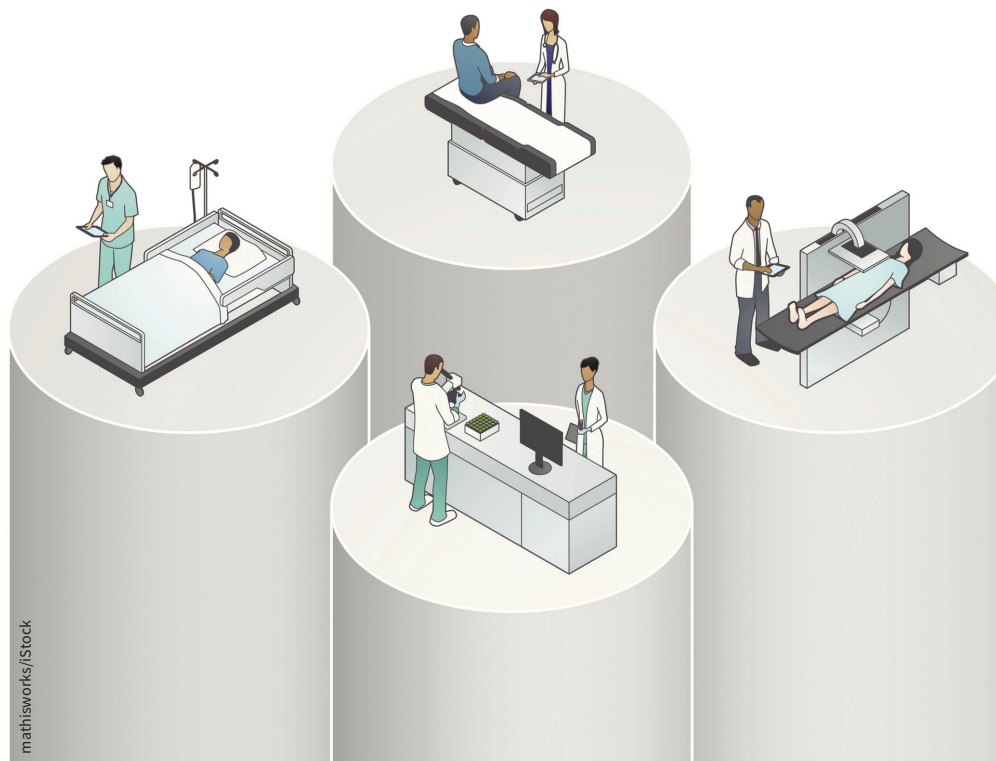
Indeed, many health care leaders in Canada appear to suffer from “not-invented-here syndrome,” added Philip Edgcumbe, another panel member of the session. “People in their silos are not aware of other innovations or are not willing to adopt those innovations in their local systems,” said Edgcumbe, a medical student with a PhD in engineering who has helped developed several medical technologies.

That is why Canada is known in some entrepreneurial circles as the place where “pilot projects come to die,” added Edgcumbe. He also noted that how provinces pay physicians, mostly fee-for-

service, provides little incentive to adopt innovative ideas to find efficiencies and improve health care quality.

That isn’t to say that pilot projects aren’t useful, noted Zayna Khayat, the third member of the panel. You shouldn’t release something widely before you’ve worked out the bugs. But there is little point in conducting a project if there is no infrastructure in place for it to become a “resounding success,” said Khayat, who holds the title of Future Strategist at Saint Elizabeth Health Care, a health and social enterprise with a focus on home care. Instead, pilot projects should be “designed for spread.”

Another major barrier to health care innovation in Canada is lack of competition, according to Ogilvie. “Competition is the major driver of innovation in all sectors of human endeavor.” He said that Canada is the only country in common health care comparison groups without two systems of health care delivery. According to Ogilvie, that might explain why Canada ranks at or near the bottom in many delivery measures, such as wait times. Physicians demand at least two suppliers for major medicines in Canada, but “go into a state of horror at the idea of a competitive health care delivery option,” he said.



Silos in Canadian health care impede the spread of innovative ideas.

There is also too much time spent attempting to innovate in the wrong areas, according to Khayat. Innovations in health care models, service delivery or high-tech medical products won't amount to much unless there is innovation in the "business model" of health care first, she suggested. That will require new policies, changes to how health care is financed, and the creation of incentives to innovate. "Do not start in the muck of the old health care system, because you are going to get nowhere," she said. "Start with the patient." Innovators should focus on the needs, expectations and

wants of patients and their families. "That's where all the magic will be in the future."

To spur the adoption and scaling up of health care innovations in Canada will require the federal government to take the lead in building a "truly national health care delivery system," said Ogilvie. He would also like to see a nationally recognized website for sharing innovative ideas from pilot projects and "a province to be bold and create a health accord-free zone allowing for competitive, private health care within the zone — all, of course, regulated by the province."

At the individual level, people will have to change their mindset from one of wanting incremental improvement to seeking paradigm shifts, according to Edgcombe. Innovators must also strive to see past barriers to what is possible. "Experts are people who tell you what can't be done, and physicians pride themselves on being experts," he said. "That's important in the context of medicine, but we have to be careful of not falling into that trap as innovators."

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