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Towards Patient-Centred Health Care

Dialogue on the Future of Health Care in Ontario

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Canadian Policy Research Networks is a not-for-profit organization. Our mission is to help make Canada a more just, prosperous and caring society. We seek to do this through excellent and timely research, effective networking and dissemination, and by providing a valued neutral space within which an open dialogue among all interested parties can take place. You can obtain further information about CPRN and its work in public involvement and other policy areas at www.cprn.org.

This report has been prepared on behalf of the Ontario Medical Association (OMA) as part of the "Campaign for Healthier Care."

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Preface

The Ontario Medical Association (OMA) is pleased to share this report from a series of stakeholder dialogues on the future of health care, convened on the OMA's behalf by the Canadian Policy Research Networks (CPRN), as part of our Campaign for Healthier Care. Our purpose was to foster an open exchange of ideas and perspectives about the future of health care among different health professions, health care and education institutions, community and patient advocacy groups and research organizations. OMA and its members, Ontario's doctors, were not formally represented at the dialogues; however, we hoped that the dialogues would contribute to identifying common ground for moving forward. We believe that all health professionals and health care stakeholders share the conviction that we must act now, together, if we are to be ready for the challenges that the future will bring.

Given the subject matter and the range of people engaged in the conversation, it is not surprising that the dialogues generated vigorous discussion and elicited a variety of viewpoints. Nonetheless, there was much that participants agreed on — for example, patients must be at the centre of their care and of our health care system; community-based care, technology and patient education must play greater and more effective roles; and care must be better integrated and coordinated. Many expressed frustration at the lack of forward movement on evolving the health care system. Based on these dialogues, we see much common ground between the medical profession and our health care colleagues.

The dialogues also highlighted many of the complex issues that must be addressed if our health care system is to move forward, such as the need for significant reorganization of service delivery models, and sorting out roles and accountability within multidisciplinary and interprofessional teams. These are issues that will continue to spark debate within the health care sector, and will challenge all of us to work together to find solutions, quickly.

While the views and opinions expressed in this Report are not necessarily shared by all physicians or the Ontario Medical Association, they are nevertheless an important part of the dialogue. We have learned much from our colleagues through these dialogues and thank them for their participation and their contribution to advancing the future of health care in Ontario.

Executive Summary

In the fall of 2006, the Ontario Medical Association (OMA) launched its *Campaign for Healthier* Care – a program to explore the future of health care in Ontario. As part of the Campaign, the OMA asked the Canadian Policy Research Networks to organize a structured dialogue with a diverse group of stakeholders from across the province. In November and December 2006 five dialogue sessions were held across Ontario involving a total of 68 participants.

There was considerable common ground to be found among the diverse groups who attended the five sessions. There was agreement that, in 2020 Ontario will have a balanced system reflecting a continuum of care which will include increased focus on the social determinants of health, community-based health care delivery and increased patient education and awareness.

In order to achieve this end result, the participants in the dialogue generally felt that by 2020:

- there will be a more integrated system where care is delivered by inter- and multi-disciplinary teams that not only work together but are educated and trained together and teams will have the support of specialized staff who serve as patient navigators;
- there will continue to be emphasis placed on evidence-based and ethical health care;
- there will be more effective use of technology; and,
- the health care system will be able to respond to change in an integrated and coordinated manner and careful and deliberate change management will be an integral part of the system.

The themes that arise from these dialogues provide the OMA with insight into the perceptions key stakeholders have of the role of physicians, how they deliver services, and how they work (and are trained) with other health care professionals and, generally, what role the OMA could play. More specifically, as part of the dialogues, participants were asked to explicitly identify any key messages they had for the Ontario Medical Association (OMA). Among other things, participants:

- expressed strong support and appreciation for this initiative by the OMA;
- felt that physicians are but one of a number of health care providers but that physicians have a critical role to play in ensuring resources for all parts of the health system; and,
- felt that the OMA can play a role in promoting system change.

From the perspective of CPRN, what is striking is the extent to which much of what was said echoes and reinforces existing ideas about health system renewal (e.g., integrated teams delivering primary health care). However, the very nature of the dialogues means that the consensus among participants may be hard to sustain as the conversation moves from generating ideas and agreeing on broad strategies and a common vision to taking action which implies making choices, often difficult ones. Moreover, there was some recognition in several of the dialogues that in a province as large and diverse as Ontario no one solution will work; "one size" does not fit all and that many participants emphasized the critical importance of action and change management.

Looking to the future, even if not explicitly addressed in these dialogues, at some point all of Ontario will have to grapple with issues of money and resource allocation. If we assume limited new resources, implementing a reform agenda as outlined in these dialogues, even incrementally, may require resources be redirected to health promotion and disease prevention. This will require difficult choices. Similarly, the Discussion Paper released by the OMA as part of the Campaign for Healthier Care directly and expressly invited the people of Ontario to think about the implications of the technological changes that are in the process of fundamentally changing not only the delivery of health care but the very meaning of disease and treatment. Issues such as these were not addressed in an in-depth way in the dialogues. Similarly, achieving the integrated teams described by the participants also means that we will have to confront thorny issues of accountability, responsibility and legal liability. This is a common concern of physicians who, for the most part, are held to account professionally and financially when things go wrong.

The limited time available for the dialogue, the large number of pressing issues, and the mix of people who participated in the dialogue, all meant that, inevitably, some critical issues were flagged but not given sustained attention. These include the increasing use of alternative and complementary health care, the growing challenges associated with prescription drugs; a significant list of public health issues; and last, but by no means least, issues of health system governance and accountability. Each of these issues is critically important to the future of health care in Ontario and merit more in-depth discussion and dialogue.

The exercise generated a considerable amount of goodwill for the OMA and has helped to position the Association as a partner with other health care stakeholders in pursuit of system change. The challenge will be to continue the momentum generated by the dialogues. To do so we suggest that there is an opportunity for the OMA to work collaboratively with other stakeholders on some specific targeted actions including, for example, developing a broad-based coalition of Ontario health system stakeholders that can, at least on some key issues, speak to the government of Ontario with a clear, consistent message rooted in a shared vision and shared goals.

The dialogues have uncovered a significant amount of common ground and a widely held vision of what the future of health care should look like in Ontario. This, in and of itself, gives the OMA an opportunity to engage the rest of the health care community in a sustained dialogue aimed at making the vision a reality on the ground for the residents of the province.

Acknowledgements

The authors wish to express our thanks and appreciation to the 68 dialogue participants who agreed to join us in a dialogue on the future of health care in Ontario. They agreed to give of their time and share their insights in an effort to contribute to a process which we all hope will lead to a better health care system for Ontario. We learned a great deal from these deliberations and are delighted that so many of the dialogue participants found the process worthwhile and interesting.

We would also like to thank the Ontario Medical Association and Manifest Communications for giving CPRN the opportunity to work on this dialogue and contribute to the OMA Campaign for Healthier Care.

A project such as this is a complex undertaking which requires a real team effort. Thus, we would like to thank our colleagues who collaborated on this project and without whom it would not have been possible or as much fun. Tom McIntosh and Mary Pat MacKinnon, Research Directors at CPRN, were heavily involved in the process from beginning to end and provided invaluable assistance in preparing the workbook used by the participants in the dialogue, providing much valued assistance at several of the dialogues, and offering advice, suggestions and wise counsel in the analysis and report phases of the project. We would also like to acknowledge the significant contribution of Sonia Pitre, a Researcher at CPRN and thank her for her help in drafting the workbook, capturing the results of the dialogue and helping with the analysis. Diane Abbey Livingston was the dynamic and very capable facilitator for these dialogues and helped a great deal in the production of the workbook. Her excellent work on the design of the dialogues ensured that each session was productive and made the best use of a very limited amount of time. Diane also provided us with a pragmatic and often insightful “take” on the future of health care in Ontario which we very much appreciated (along with novel ideas on how to get from London to Toronto in bad weather!).

Finally a word of thanks to Sue Horsley, Trish Adams, Vesna Duricic, Heather Fulsom, and especially Louise Jauvin at CPRN who provided expert logistical and administrative support. Louise is a veteran of several CPRN dialogues and anticipated many of the issues that inevitably arise and was able to resolve most of them quickly, easily, and with good cheer.

We thank all of you but, of course, take full responsibility for any errors and omissions that may have crept into this report.

Towards Patient-Centred Health Care
Dialogue on the Future of Health Care in Ontario

1. Introduction

In the fall of 2006, the Ontario Medical Association (OMA) launched its *Campaign for Healthier Care* – a program to explore the future of health care in Ontario. As part of the Campaign, the OMA released a discussion paper that described some of the forces that will affect health care in the future and invited public comment about these issues. A second component of the campaign was an effort to engage a diverse group of key stakeholders across the province of Ontario in structured discussion about the medium term prospects for the delivery of health services in the province. The purpose of the dialogue was to bring together many voices in a discussion that promotes learning from different perspectives, deepening understanding and creative thinking to identify common ground for moving forward with health care in Ontario.

The Canadian Policy Research Networks (CPRN) was asked by the OMA to organize direct and report on the dialogue. CPRN is an independent not-for-profit think tank with expertise in engaging Canadians in public policy discussion as well as knowledge of the health policy sector.

2. Methodology

2.1 Who Participated

In November and December 2006, five dialogue sessions were held in centres across the province – London, Sudbury, Ottawa and two in Toronto. Each session brought together a selected group of about 15 people to discuss, as a group, their vision for health care in Ontario in the year 2020. In all, 68 people participated, drawn, for the most part, from the health care system and the social service system with a smaller number of participants from the private, labour and not-for-profit sectors (and a detailed list of the organizations represented at the five dialogues can be found in Appendix A). In discussion with the OMA, the participants were identified and invited by CPRN to ensure a broad spectrum of views. They brought a wide range of experience in health care delivery, administration and education, community planning, and patient advocacy.

Although the 68 participants represent a wide range of stakeholders they do not encompass all groups or perspectives in health care or social services broadly defined. Similarly, although efforts were made to include business, labour and volunteer sector representatives, the final list of participants was by no means a cross section of these sectors.

2.2 The Dialogue Process

The professionally facilitated, half-day sessions were designed as a generative dialogue. Dialogues are effective to move beyond casual conversation or debate, and to help generate new ideas. The structured, interactive and non-confrontational dialogue process helps participants reach a more holistic appreciation of complex issues and deepens their respect and understanding for other points of view. It also allows for creative thinking to emerge, revealing new common ground from which to move forward. The dialogue was designed to help participants focus on a long-term vision rather than the detailed plans and choices that are required to implement that vision. Those who attended were asked to step outside the limitations and challenges of 2006 and create a health care system in the year 2020. Of course, many of the issues identified in the dialogue will require a great deal more discussion and planning among the various actors involved, if the vision is to be successfully achieved.

Before each session, participants received background materials which included the OMA discussion paper, a participant workbook and worksheets to help them think about their own and other people's health needs in the future. The workbook provided participants with an opportunity to reflect on what health care needs might be in the year 2020 as well as to address how the health system has changed to address these needs. (A copy of the workbook distributed to participants can be found in Appendix C).

After participants introduced themselves, and spoke to their expectations and hopes for the meeting, they moved into small, pre-assigned, groups to share their vision for health care in 2020 and discuss common themes and differences that emerged. Common themes across the groups were identified and participants chose the themes they believed most important to pursue in greater depth. The top three or four themes were assigned to small groups in which participants discussed how their chosen theme would be evident when their vision was realized (e.g., looking across systems, institutions, or professionals' roles and responsibilities, what is different from today? What is the same?). Each group reported key points from their discussion in plenary and responded to questions. Finally, participants completed an evaluation of the session and provided a closing comment with their views on the dialogue (a summary of which can be found in Appendix B). Participants were also asked in their closing comments to articulate specific messages they had for the OMA and these are summarized in section 3.3.

2.3 This Report

CPRN analyzed the different data sources from each dialogue session (transcripts, flip charts, notes, closing comments and evaluations), to identify commonalities and differences across the sessions. The following sections of this report synthesize that analysis and offer observations on the implications of the dialogue results for the OMA and health policy more generally.

3. Findings: What We Heard

There was considerable common ground to be found among the diverse groups who attended the five sessions. The overarching theme that emerged strongly in all five dialogue sessions is that in the year 2020, Ontario will have a truly patient-centred system that provides culturally sensitive, inclusive health care to all residents of the province.

The following provides an overview of the common substantive themes and identifies those elements that need to be in place to support the implementation of a patient-centred health care system for Ontario.

3.1 In 2020 Ontario will have a balanced system reflecting a continuum of care

The health system must accommodate the health requirements of an individual's life cycle, from cradle to grave. This will require a shift in focus from a continuing emphasis on acute care facilities to a vision of health care delivery that is balanced between hospitals, community based primary care, and long term and palliative care delivered in a variety of settings. That balanced approach would mean that in 2020 in Ontario:

3.1.1 There will be an increased focus on the social determinants of health.

There is a growing recognition among health care workers and service providers that it is vital to pay attention to the social determinants on health status. The current focus on disease prevention and the management of chronic disease remains often quite reactive, dominated by the medical treatment of illness. Participants emphasized the importance of moving beyond the traditional approaches to health care which are, in their view, often too narrow. Instead they expressed a strong preference for an approach that addresses poverty, economic inequality, social exclusion, underemployment and unemployment. As one participant in the Sudbury session noted "The determinants of health are key to the success of the system." All five sessions identified social determinants of health as an important element of the health care system in 2020.

3.1.2 There would be greater resources devoted to community-based health care delivery.

Participants expressed the view that given the aging population, it will be important to provide resources that will allow individuals to remain in the community. In addition, there is an expectation that there will be adequate resources devoted to health promotion and disease prevention.

3.1.3 There will be increased patient education and awareness.

Participants talked about a trend where ever more health information is available online and this, combined with greater general awareness of health and the determinants of health, will have an impact on how health care will be delivered. Individuals and their families will be better informed and want to play a greater role in their own health care and will be expected to do so. At the same time, participants expected that in 2020 there will be education and awareness activities supporting individual residents of Ontario and their families and support networks to take greater personal responsibility (or self-management) for their health.

3.2 A number of changes are required to build the health system we will need in the future

Participants generally thought that in 2020:

3.2.1 There will be a more integrated system where care is delivered by inter- and multi-disciplinary teams that not only work together but are educated and trained together.

The participants in the dialogues generally foresaw that by 2020 the health provider who is most appropriate will assume the lead role in addressing the health requirements of the patient.

In order to move toward a greater level and degree of service integration, participants generally thought that in 2020, the education and training of all health care providers will be a team based approach; which may be aided by a common core curriculum. Participants felt that the current education and training of Ontario's health care providers is falling behind progressive trends elsewhere. This collaborative and coordinated team approach must be reflected in appropriate policies, governance, remuneration and cultural and attitudinal changes. How we educate health professionals, how they work together (and the incentives or disincentives to work together), how they understand their roles and those of other health professionals, all have to change. Many participants felt that there would be new technologies and new demands on existing professions, and the result would be the creation of new roles and new professions that do not currently exist. As a result, training would be restructured to create, as one participant put it, "a foundational entry point to the health disciplines" – a common core curriculum in the early training of most health professionals who would then move on to more specialized, profession-specific training.

Participants pointed out that remuneration must reflect the new emphasis – providers must be paid in an equitable way. For example, there is currently unsustainable competition between community-based and institutional health service providers for a limited pool of health professionals. As one participant noted; "how you pay people influences the services." In another session participants felt that an "integrated system will provide incentives through remuneration and non-monetary benefits that will encourage more people to choose health care professions."

3.2.2 Teams will have the support of specialized staff who serve as patient navigators.

In all five sessions, participants returned to the need for a cadre of strategically placed persons who can guide patients through the system from point of first contact through hospitalization through recovery including at home, as required. Participants in the dialogue identified this role using different terms (e.g., patient navigator, life planner, or consultant) but the idea is essentially the same. While some participants were calling for the role to move from coordination to something more like advocacy, there was general agreement that a patient navigator would be able to provide assistance to diverse groups where customs and culture may be a challenge when interacting with the health system.

3.2.3 There will continue to be emphasis placed on evidence-based and ethical health care.

Most participants agreed that treatment and appropriate interventions need to be determined on the best available evidence and that this will be even more the standard in 2020 than it is today. This will require effective mechanisms of knowledge transfer to ensure all aspects of the health care system remain up to date and informed. In some of the dialogues there were also references to the fact that by 2020, advances in technology including pharmacogenomics will mean that ethical guidelines governing the diagnosis and treatment of disease will be more critical than ever.

3.2.4 There will be more effective use of technology.

Participants in the dialogue saw a greater acceptance of the growing role of technology in supporting the health care system, particularly the electronic health record (EHR). Some participants went further and suggested that by 2020 patients would also have the necessary access and be able to add information to their own electronic health record.

Some participants also suggested that consumer friendly innovations be adapted from the private sector to reinforce the move to a truly patient centred system. In a related vein, some emphasized that technological innovations must remain focused on patient need and not be driven by system need. In the Sudbury dialogue, in particular, there was a recognition that by 2020 telehealth would be much more common allowing care to come to patients and not the other way around.

3.2.5 The health care system will be able to respond to change in an integrated and coordinated manner.

To achieve a truly integrated and coordinate system of care, participants saw the need to improve system efficiencies. The introduction of new technologies and management structures must also address the administrative burden faced by many physicians and health care providers. It was suggested by some that many senior health care managers carry too large a load with responsibility for too many people and operations. Physicians and nurses feel overworked and stressed because their patient load is too heavy. Participants wished to see reduced spans of control and new procedures to allow providers time to give greater attention to fewer patients.

Many participants suggested that all professions should be allowed to do more of what they do well and are trained to do. For example, when discussing the role of patient navigator, it was repeatedly observed that physicians currently play the role of advocate for their patient. Yet most participants agreed that because physicians have very specialized skills and often very limited time, it is neither efficient not effective for them to play the role of patient advocate. In effect, this role demands time and resources that could be better spent on patient care.

In an effort to achieve integrated, patient-centred care, in several of the dialogues there was discussion of the silos that currently exist between sectors and the need for greater intersectoral and inter-ministry integration and coordination. As one participant put it, in 2020 there will be an "integrated funding system and what we mean by that is that there is no competition for money and that the Ministries talk to one another. They let their coffers be shared amongst each other so for those of us providing care, we don't have to go to ten ministries for the common dollar."

3.2.6 Careful and deliberate change management will be an integral part of the health care system in Ontario.

Participants recognized that the reorganization of the delivery of services is inextricably tied to the reorganization of how the system replicates itself and understands its role in the broader society. As a result, reform has to be multi-faceted and occur on multiple fronts simultaneously. There is a need for increased accountability for both providers and funders; and, a rethinking of the governance and accountability relationships that frame the system. It is recognized that change will be incremental but there is an expectation that it will occur. It is important "that we no longer plan in silos."

Participants talked about the need for managed, deliberate change as well as the need for governments and others to change policies to support the integrated approach. That being said, many participants expressed some frustration with the lack of action taken to date by governments and actors in the health system. Many of them have participated in other visioning exercises and commented on the similarity of recommendations emerging from them. They felt there was a strong willingness to collaborate across professions and the time has come to move from talk to action.

3.3 Messages for the Ontario Medical Association (OMA)

The themes that arise from these dialogues provide the OMA with insight into the perceptions key stakeholders have of the role of physicians, how they deliver services, and how they work (and are trained) with other health care professionals and what role the OMA could play. The key messages are:

3.3.1 There was strong support and appreciation for this initiative by the OMA.

Seventy-nine per cent (79%) of closing comments thanked and or supported OMA for holding the dialogue. Participants appreciated the opportunity to participate in the process. Many of the participants have had similar discussions with their colleagues in their home institutions or through their professional associations. However few have had a forum to engage with such a diverse group of stakeholders.

There is an appetite for this to continue; 77% of closing comments called for integrated/collaborative action. What is apparent from the dialogues is that there is a lot of common ground between different groups of players inside the system, much to the surprise of the participants. Moreover, there is a significant amount of good will and willingness to continue the dialogue. There was a strong desire to continue the collaborative process and work towards a more integrated system. The OMA has an opportunity to build on this dialogue and continue to collaborate with partners for action on a common vision. The one cautionary note is that participants want the OMA to focus on the longer term strategy, not simply the immediate political time-frame.

3.3.2 Physicians are but one of a number of health care providers.

Participants generally felt that the OMA must recognize that physicians are seen as but one of a number of health providers who have equally important roles to play. There is a need to better understand and value the roles of other health care providers. Forty-one per cent (41%) of closing comments dealt with the roles and responsibilities of physicians vis-à-vis other health care providers.

3.3.3 Physicians have a critical role to play in ensuring resources for all parts of the health system.

The strong emphasis by participants on the importance of all parts of the health care system is worth noting. Many emphasized that health promotion, disease prevention, chronic care, and mental health should all receive adequate resources and support. There is a growing expectation that there will be a range of services to cover the broadest needs of the population. Several participants suggested the name of the OMA campaign is reactive to illness and would benefit from being reoriented toward being proactive about health.

3.3.4 The OMA can play a role in promoting system change.

A recurring theme throughout the dialogues was repeated expressions of some combination of frustration, anxiety, and doubts about how slow real reform has been and the lack of progress to date on the elements of a reform agenda that all agree to.

Participants repeatedly called for change in how the health system in Ontario is organized and some expressly suggested that physicians have a critical role to play in being change agents. This presents the OMA with a significant opportunity to become a key proponent and facilitator of change at both the provincial and to a lesser extent at the national level.

3.3.5 What are the motives and objectives of the OMA in pursuing these dialogues?

There were some questions about the OMA's motives in undertaking the Campaign and about how the results of the exercise would be used. Some participants expressed concern that the result of the dialogues would be used in the OMA's negotiations with the province. There were suggestions that the OMA needs to be more proactive, be willing to become more engaged in non-physician issues. A number noted that ongoing collaborative processes will help to build the necessary trust that is required between the different actors in moving forward.

4. CPRN Observations

4.1 Reinforcing Existing Ideas

There is, not surprisingly, little arising from the dialogues that has not been said before. The themes are similar to what stakeholders, health system researchers, policy analysts, and citizens have been saying about the future of health care in other forums and in a great many reports. In other words, these themes have a long history.

Primary health care reform is underway in all jurisdictions across Canada. Experiments in how to deliver front line primary care have been underway for many years and the $800 million Primary Health Care Transition Fund sponsored by Health Canada has funded innovative ways to deliver effective and appropriate health care. Interdisciplinary care and education are the subject of experiments in some locations. The pan-Canadian Interprofessional Education for Collaborative Patient-Centred Practice initiative (funded under the 2003 Health Accord) has created opportunities for health professionals to work together.

As the participants in the dialogues noted, a number of reports have also identified similar themes and there would appear to be a strong consensus that by 2020 if not before, self care and patient-led care will be the norm; health care professionals, patients and families will be partners in a "shared-care" model; more financial and human resources will be directed to health and communities; and every Canadian has a secure, portable and accessible electronic health record.

4.2 A Publicly Funded Health Care System in 2020

In addition to the other points of agreement and consensus, the participants in this generative dialogue generally assumed that in 2020 Ontario would continue to have a publicly-funded health care system. This consensus is not surprising given the background of the participants (i.e., overwhelmingly from the core public health care system). This is also consistent with the fact that much of the available public opinion research and what CPRN has found in other dialogues suggests that most Canadians support equal access regardless of income to a largely single-payer health care system. Of course, there are others who are interested in allowing for private payment for health care (e.g., some people want the right to pay for faster service).

Dialogue participants also shared some concern about the sustainability of a largely public funded health care system and its ability to delivery high quality health care in a timely way. This contributed to their view that it is important to move quickly and decisively to a more efficient and patient-centred health care system.

4.3 The Consensus among Participants May Be Hard to Sustain

The consensus around the key elements of a change agenda may be harder to sustain as the conversation moves from generating ideas and agreeing on broad strategies and a common vision to taking action which implies making choices, often difficult ones. Health care reform will require that we resolve difficult issues of policies, money, and technology, as well as issues relating to the roles and responsibilities of key players in the system.

4.4 One Size Most Definitely Does Not Fit All

While the structure of the dialogues encouraged participants to generate a wide range of ideas about what health care in 2020 might look like, there was some recognition that in a province as large and diverse as Ontario no one solution will work; "one size" does not fit all.

Ontario's communities are diverse, large and small, urban and rural settings, with an increasingly daunting ethnic and cultural mix. It is important to listen to the leaders of these different communities and to respond to their specific concerns.

4.5 The Critical Importance of Action and Change Management

One of the key messages coming from these dialogues is that the health care professionals who work in the system are willing to embrace change. This reflects a strong desire to get moving on what appears to be a consensus as to where the system needs to go (e.g., primary health care teams; electronic health records; investments in health promotion and disease prevention).

Many of the people who participated in the dialogues had experience with other planning and visioning exercises (e.g., for the Canadian Nurses Association; the Ontario Ministry of Health and Long-Term Care; the Local Health Integration Networks) where many of the same proposals for system change were identified. They are therefore ready to "get on with the job" of making change, albeit in an orderly managed way. The corollary of this, however, is that if change is not forthcoming, people who have devoted much of their professional career to building the health care delivery system in Ontario risk becoming cynical and disengaged.

Along with the Government of Ontario and especially the Local Health Integration Networks (LHINs), the OMA will need to develop change management strategies that speak to the needs of the many different parts of Ontario. However, the fact that there have been many studies, task forces and committees that have proposed similar recommendations, suggests that implementing systemic change is by no means easy or straightforward.

5. Issues for Further Discussion

5.1 Resource Questions

In coming to a common vision for health care in Ontario in 2020, participants were not asked to grapple with issues of money and resource allocation. Participants were also encouraged not to discount ideas based solely on cost concerns. These features of the dialogue were meant to encourage a more freewheeling and expansive process of imagining the future of health care in Ontario.

However if we assume limited new resources, implementing a reform agenda as outlined in these dialogues, even incrementally, may require resources be redirected to health promotion and disease prevention. This will require difficult choices. Of course, the reform agenda outlined by the participants could be implemented more easily if there were new and additional resources. However, governments will almost certainly want to "buy change" and choices will have to be made as to whose behaviour, working conditions, and links to the system will change. Participants in the dialogue imagined that the health system of 2020 would be one where there had been a net reallocation of resources from "downstream" treatment of illness and patient care to "upstream" investments in health promotion and diseases prevention. In this regard they seemed to be echoing the view that, if "sustainability" of the health care system means anything, it means shifting resources. It means making relatively small investments today in broad measures aimed at the health status of whole populations so as to avoid much larger expenditures on the treatment of individuals tomorrow and the next day.

The dialogues did not lead to an extended consideration of the merits of different kinds of public, private and not-for-profit health services delivery even though these issues were discussed briefly in several of the sessions. Nevertheless, as the conversation expands to include an ever-wider range of Ontario residents, these issues will continue to be raised. To a large extent, discussions around the roles of the various public, private and not-for-profit providers and the linked discussion of who pays are ultimately about debating what it is that we want from the health care system broadly defined. Such discussions inevitably reveal a tension between different value preferences. Identifying these preferences and reconciling them will require a deliberative and inclusive process.

5.2 New Technology and New Scientific Advances

The Discussion Paper released by the OMA as part of the Campaign for Healthier Care directly and expressly invited the people of Ontario to think about the implications of the technological changes that are in the process of fundamentally changing not only the delivery of health care but the very meaning of disease and treatment. As the paper outlines, the "new biology"; the associated advances in genetic screening and treatment; the growth of a consumer-oriented approach to health care; will all mean that it will be increasingly difficult to distinguish between patient and non-patient; illness and health; and between an intervention that is required medical care and one that is based largely on personal choice. Although these issues were also included in the workbook distributed to all participants, they were not addressed in an in-depth way in the dialogues and did not make it onto the list of the most pressing issues participants wanted to discuss when they moved from the introductory discussions at the outset of the dialogue to the

more focussed conversations on priority issues as defined by them. This is perhaps not surprising. It may simply reflect the fact that the dialogue was only half a day long. Alternatively, it may be that, when juxtaposed to the immediate, day-to-day challenges facing the health care system, issues that are "just over the horizon" do not seem as pressing or as real or amenable to discussion and dialogue. A third explanation might be that participants felt that by 2020 the challenges associated with new technologies will have been dealt with.

5.3 Accountability Questions: Growth in Scope of Practice

The vision articulated in the dialogues is that health care providers will work together in integrated teams. While issues of scope of professional practice did come up occasionally, participants were not asked to grapple with how to reconcile the fact that several professions want to expand their scope of practice, which raises complex issues with respect to training and authority in the health care workplace. So, while it was straightforward for participants to agree that health professionals should work to their full scope of practice, the resulting conflicts were sometimes acknowledged but were not addressed in a sustained way. Similarly, sooner or later, discussions of how to build integrated teams need to confront thorny issues of accountability, responsibility and legal liability. This is a common concern of physicians who, for the most part, are held to account professionally and financially when things go wrong. Sorting out who will be accountable and who will be liable when a team is responsible for the delivery of health care is a critical issue and is not easily resolved, although the focus in recent years on quality and patient safety may provide a vehicle for shifting from a focus on individual responsibility and liability to a more integrated, team-centred, holistic approach. Nevertheless, accountability and liability questions such as these will almost certainly require additional dialogue and cooperative action by the OMA, other health professions and the Government of Ontario.

5.4 Other Issues

The limited time available for the dialogue, the large number of pressing issues, and the mix of people who participated in the dialogue, all meant that, inevitably, some critical issues were flagged but not given sustained attention. For example:

- The increasing use of alternative and complementary health care and how it interacts with the more traditional approaches. As the OMA Discussion Paper points out, patients are more sophisticated and are demanding access to different health approaches.

- The growing challenges associated with prescription drugs were referenced in the five sessions but only in passing. Aside from recognizing that the use of pharmaceuticals is creating pressure on health care budgets, and noting that a patient navigator could assist patients manage their medication, little time was spent addressing the broader issues. The exception was in Toronto where participants did propose the establishment of a Crown agency that would take on responsibilities for the development and testing of new drugs.

- Surprisingly, there was little discussion on the possibility of public health issues generally and, in particular, the risk of pandemic (despite the experience of SARS in Toronto and rising concern about Avian Influenza). There is planning for a possible pandemic that is

underway throughout the country at the national, provincial and local levels of government, yet it did not surface as an issue in these dialogues. This may reflect the small number of public health practitioners who participated in the dialogues.

- The introduction of the local health integrated networks (LHINs) has required a reconfiguration of the way local health organizations and agencies operate in communities. Yet participants did not address issues of health system governance and accountability in a sustained way. This may reflect the fact that LHINs are still a relatively new innovation or perhaps that participants do not distinguish between them and the Ministry of Health and Long-Term Care.

Each of these issues is critically important to the future of health care in Ontario and merit more in-depth discussion and dialogue.

6. Next Steps

The exercise generated a considerable amount of goodwill for the OMA and has helped to position the Association as a partner with other health care stakeholders in pursuit of system change. Participants will want to be reassured that their input into the dialogue will be for the benefit of the overall health care system. Releasing this Report and circulating it directly to those who participated in the dialogues will reinforce the message that the OMA is genuinely striving to identify and address the challenges associated with moving to a truly patient-centred health care system. It will also afford an opportunity to seek ways to continue the dialogue.

At the same time, both the OMA and the other stakeholders inside the health care system are cognizant of the challenges associated with significant changes in policy direction. Under the present system, decisions about change are constrained by what is possible within a 4 to 5 year political cycle. Unfortunately, substantive change can be a lengthy process. Moreover, government departments often operate in silos and have conflicting policies. It is often frustrating to meet the requirements of the relevant Ontario ministries that may operate at cross purposes.

Thus, addressing the social determinants of health in the way favoured by the participants in the dialogue sessions requires taking a much longer term perspective on the future of the health system than is often the case in many policy discussions. But given the willingness of the other stakeholders to move in this direction, the OMA has a real opportunity to play a leadership role in addressing the health and long term care needs of certain groups. The challenge will be to continue the momentum generated by the dialogues.

To continue this momentum we suggest the following:

a) It is important that the messages generated from the dialogues be widely shared with both a wide range of health system stakeholders and the general public. It is important to underline the fact that approaches some may view as still in their early stages have become accepted by other stakeholders as a given and a baseline for future reform.

b) The OMA needs to think through how it wants to move forward both on its Campaign for Healthier Care and in building partnerships/alliances with other stakeholders who share similar commitments. There is an opportunity, following the dialogues to work collaboratively with other stakeholders on some specific targeted actions, such as:
   - Developing a broad-based coalition of Ontario health system stakeholders that can, at least on some key issues, speak to the government of Ontario with a clear, consistent message rooted in a shared vision and shared goals. Such a coalition could develop a broad engagement strategy beyond the Health ministry to include other departments within the provincial government. This coalition could also build on similar work in other parts of the country.

   - Working in tandem with other provincial stakeholders in building alliances with national stakeholder organizations in a manner that can present a coordinated and consistent "message from Ontario" as a key component of the overall vision of health reform across the country.

c) There remains a great deal of work to be done in making the vision of the interdisciplinary, interprofessional team model a reality that can work on the ground. For example there are questions of how remuneration gets structured or restructured, how issues of accountability and liability get worked out amongst team members and how different teams can be configured to meet different types of practice settings and institutional arrangements.

None of these questions have easy answers and none of them can be answered by a single stakeholder organization speaking alone. But the OMA can be a constructive part of finding the answers to these and other similar questions by continuing the commitment to dialogue it has started with the Campaign for Healthier Care.

At the same time, as the participants in the dialogues made clear, the OMA cannot hope to achieve "healthier care" by its actions alone. Thus, the Association has an interest in actively participating in building collaborative relationships with other stakeholders in creating a healthy province and a healthy provincial health system. The dialogues have uncovered a significant amount of common ground and a widely held vision of what the future of health care should look like in Ontario. This, in and of itself, gives the OMA an opportunity to engage the rest of the health care community in a sustained dialogue aimed at making the vision a reality on the ground for the residents of the province.

Appendix A. List of the Organizations Represented at the Dialogues

Algonquin College
Alzheimer Society of London and Middlesex
Alzheimer Society of Ottawa
Alzheimer Society of Sudbury-Manitoulin
Canada's Association for the 50 Plus
Canadian Cancer Society, Ontario Division
Canadian Cancer Society, Ottawa Unit
Canadian Diabetes Association, London and District Branch
Canadian Diabetes Association Ottawa, Eastern Ontario Region
Canadian Medical Association
Canadian Mental Health Association, London-Middlesex Branch
Centennial College
Centre de santé communautaire de Sudbury
Centre de santé communautaire du Temiskaming
Chateau Gardens London
Children's Hospital of Eastern Ontario
College of Physicians and Surgeons of Ontario
Community Care Access Centre of London/Middlesex
Fanshawe College, Faculty of Health Sciences & Human Services
George Brown College
Greater Sudbury Chamber of Commerce
Group Health Centre
Heart and Stroke Foundation of Ontario
Lakehead University
London InterCommunity Health Centre
Northern Ontario School of Medicine, East Campus
Ontario Association of Community Care Access Centres
Ontario Chiropractic Association
Ontario Home Care Association
Ontario Long Term Care Association
Ontario Nurses Association
Ontario Pharmacists Association
Ontario Physiotherapy Association
Ontario Public Health Association
Ontario Public Service Employees Union
Ontario Society of Occupational Therapists
Ottawa Chamber of Commerce
Ottawa Hospital
Perinatal Partnership Program of Eastern and Southeastern Ontario
Robarts Research Institute
Rural Ontario Medical Program
Ryerson School of Nursing
Scarborough Hospital
School of Nursing, Queen's University

School of Nursing, University of Western Ontario
School of Rehabilitation Sciences, University of Ottawa
Social Planning Council of Ottawa
Social Planning Council of Sudbury
Somerset West Health Centre
Southwest Ontario Aboriginal Health Access Centre
St. John's Rehab Hospital
St. Joseph's Health Care, Integrated Mental Heals Programs
Sudbury Regional Hospital
Thames Valley Children's Centre
The Arthritis Society, Ontario Division
The Arthritis Society Ottawa Regional Office
The Change Foundation
Toronto Region Research Alliance, MaRS Centre
University of Toronto, Faculty of Medicine
University of Western Ontario
Victorian Order of Nurses Canada

Appendix B. Participant Evaluations of the Dialogues

Sixty one (61) participants completed the evaluation form.

Questions	Disagree* %** (N)	Neither Nor % (N)	Agree % (N)
The participant workbook was clear with relevant and useful information. (59 responses)	3% (3)	6% (4)	88% (52)
The facilitator provided clear explanations, guidance and support throughout the day.	0% (0)	3% (2)	97% (59)
The small group discussions were useful to me.	2% (1)	5% (3)	93% (57)
There was sufficient opportunity for me to contribute and participate.	3% (2)	0% (0)	97% (59)
Overall, the half day dialogue was worthwhile to me.	3% (2)	5% (3)	92% (56)
What words would you use to describe this morning?	See table on the following page		

* Disagree includes scores from 1 to 3; neither agree nor disagree the score of 4; and agree score from 5 to 7.

** Percentages are rounded up to the nearest whole number; totals may not equal 100%.

What adjectives would you use to describe this morning?

"Okayish"
A bit disorganized, open and honest, hopeful
A good first salvo, hopeful, tense, poorly hidden old history
Challenging, engaging, thought provoking
Collaborative, informative, respectful, broad focus
Dialogic
Eclectic, diverse, not so pragmatic
Educational, open discussion, non judgemental
Energizing, exciting, supportive
Engaging, though-provoking
Engaging, well prepared, thoughtful
Enlightening, engaging
Enlightening, sharing, common ideas, well structured
Enlighting, stimulating
Enriching
Excellent
Excellent!
Fun, informative, thoughtful
Fun, stimulating
Good dialogue, thought provoking
Great
Inclusive, challenging
Inclusive, participatory, efficient
Information insightful, challenging
Informative, stimulating
Informative, stimulating, well organized
Informative, thought provoking
Informative, well organized
Insightful, encouraging, integrated approach
Insightful, informational, invogorating, inspirational
Interesting
Interesting discussion, effective methodology, solid representation
Interesting exchange
Interesting, accepting, optimistic, dynamic, well facilitated, embedded still differentiating between physicians & care providers, calling person "fit"
Interesting, confusing, challenging, very regimented
Interesting, diverse, wide range of opinions
Interesting, learning experience, focused
Interesting, valuable, educational
Interesting, varied, informative
Jam-packed; stimulating, energizing
Not again & very important to do
Okay. Heard it before
On time, predictable, well-run, pleasant
Open-minded; dedicated (to public)
Outstanding, ++ professional, efficient, productive
Participative, engaging
Passionate, open, visionary
Relaxed atmosphere promoted sharing of ideas, good dialogue with some room for debate
Stimulating discussions, lots of fun
Stimulating useful for my consulting work. Hopeful. Pleased to see OMA take this positive? Initiative
Stimulating, collegia, well-informed
Stimulating, enriching, provocative
Stimulating, exciting
Stimulating, hopeful
Thought provoking
Timely, great, amazing
To visualize and articulate a health system for 2020 that achieves healthier outcomes for Ontarians
Upbeat, collegial, interesting but lacking in focus and confusing
Useful, collegial, informative
Welcoming, facilitative, open, dialogue-building
Worthwhile

Appendix C. Workbook Distributed to Dialogue Participants

Dialogue on the Future of Health Care in Ontario

Participants' Workbook

December 2006

Canadian Policy Research Networks | Réseaux canadiens de recherche en politiques publiques

CPRN is a not-for-profit policy think-tank based in Ottawa. It has been using public dialogue for a number of years as a means to involve citizens more directly in research and public policy discussions on issues such as health care reform, quality of life indicators, democracy and civic engagement, fiscal federalism, aging and the society we want. You can obtain further information about CPRN and its work in public involvement and other policy areas at www.cprn.org

Canadian Policy Research Networks Inc., 600 -250 Albert Street, Ottawa, ON K1P 6M1

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A. Purpose of this Dialogue

Welcome to the Dialogue on the Future of Health Care in Ontario.

Why this dialogue?

- This fall, the Ontario Medical Association launched the *Campaign for Healthier Care*, a program to explore the future of health care in Ontario. This initiative includes a series of facilitated dialogues among key health care stakeholders, in which you are participating. The OMA is also undertaking public opinion polling, and inviting public comment through its web-site.
- The purpose of the dialogue is a discussion that promotes exchange of and learning from different perspectives to identify common ground for moving forward with health care in Ontario. There are five sessions being held across the province, involving approximately 100 stakeholders. These dialogues are a parallel process to similar initiatives convened by the Ontario Government and other organizations to look at the future of health care in the province, and are intended to contribute to identification of health care goals and priorities so that Ontarians have a health care system that meets their future needs.
- You have been invited to participate in this dialogue because you are thoughtful, insightful opinion leaders who have much to contribute to new ways of thinking about the Ontario health system of the future.
- Some of you are leaders in health care design and delivery in Ontario; others exercise leadership roles in the private sector or in community and social services. Some of you are health policy experts; others bring the perspective of patients and their families. Many of you wear several hats.
- Many of you have been involved in other venues where you have discussed related issues with your colleagues and others. We encourage you to draw on those discussions and share your expertise in this interactive process.

CPRN's Role

- The OMA asked Canadian Policy Research Networks to lead this dialogue. CPRN is an independent, not-for-profit think tank. It has been using public dialogue for the past decade as a means to engage Canadians more directly in public policy discussion on a wide variety of issues. It also has a wealth of stakeholder dialogue experience. You can get more information on CPRN at www.cprn.org

- There will be five dialogue sessions in total - each involving approximately 20 people. The sessions will be held in different parts of the province and every effort will be made to include people representing different aspects and needs of health care. The sessions will be professionally facilitated by an expert in dialogue methodology. The sessions are scheduled as follows:

  Toronto, November 14
  London, December 4
  Toronto, December 5
  Ottawa, December 11
  Sudbury, December 13

What happens after the dialogue?

After the Dialogues are over CPRN will do a detailed analysis of all the notes, flip charts and audio recordings of each session to identify common themes and important differences. CPRN will prepare a summary report of the dialogue sessions that will be shared with all participants and made publicly available on the CPRN web-site. The OMA will use these findings, along with other input and information, to help develop a framework for a health care system that can meet Ontario's future needs. The *Campaign for Healthier Care* will release the framework in 2007.

We sincerely appreciate the contribution you are making to this initiative. We hope you find it to be a worthwhile and rewarding experience.

B. Agenda for the Morning

8:30	**Welcome**
	Purpose & Agenda
	Introducing Ourselves
	Types of Conversations
	Preparing for Your Dialogue
	Introduction to Dialogue #1
	Dialogue #1: Envisioning Health Care in 2020 (Working Papers A & B)
10:40	**Short Break**
	Introduction to Dialogue #2
	Dialogue #2: Synthesis and Deepening Themes (theme-based groups)
	Plenary Reporting - Areas of Agreement and Important Differences
	Closing Comments from Participants
12:45	**Evaluation and Close**

You will spend most of the morning working in small dialogue groups of 4-5 people. This will give each person more air time and enable deeper exploration than would be possible in a large group.

By the end of the morning you will hear a synthesis of themes across the groups indicating where there is agreement and where there are important and/or interesting differences.

C. Using Dialogue

Types of Conversations

There are several types of conversations:

- Polite conversation
- Downloading
- Debating
- Dialogue

We propose to have a **dialogue** to help generate new ideas. Dialogue brings diverse voices together in a respectful process designed to facilitate listening and learning and create shared meaning. This will not be about coming to conclusions or decisions. It will be about discovering themes, deepening understanding and sowing seeds for future thought.

Preparing for your Dialogue

- Focus 15 years from now
- Allow ourselves to dream the best possible scenarios for the future
- Use the past and present to inform but not constrain our capacity to envision new ways
- Free ourselves from discounting ideas based solely on cost concerns
- Force ourselves to explore our assumptions
- Hold enough optimism about each other to step out of current structures and envision new ones.

Debate vs. Dialogue

DIALOGUE is a special kind of conversation that involves working together to overcome differences in order to find and build on common ground. Dialogue is very different from debate, as described below.

Debate	Dialogue
• Assumes there is one right answer (and you have it)	• Assumes that others have pieces of the answer
• Attempts to prove the other side wrong	• Attempts to find common understanding
• Objective is to win	• Objective is to find common ground
• Listening to find flaws	• Listening to understand
• Defends personal assumptions	• Explores and tests personal assumptions
• Criticizes others' point of view	• Examines all points of view
• Defends one's views against others	• Admits that others' thinking can improve one's own
• Searches for weaknesses and flaws in the others' positions	• Searches for strengths and value in the others' positions
• Seeks an outcome that agrees with one's position	• Seeks an outcome that creates new common ground

D. Background

Forces Shaping Health Care in Ontario

This dialogue will focus on your thinking about the future of health care in Ontario. It will be stimulated by your ideas and experience as well as by issues raised in the discussion paper recently released by the OMA, "What Next? Questions about the Future of Ontario's Health Care". The paper outlines some of the challenges facing the Ontario health care system and some of the forces that will influence the system over the next 10 to 20 years. No doubt, you are aware of others which we encourage you to bring to the dialogue to enrich our discussions.

The OMA discussion paper suggests that the way forward must involve putting patients at the centre of the discussion of the future of health care. The paper acknowledges that we need to find a way to reconcile concerns about cost-effectiveness and making each component of the health system work to its fullest with concerns about getting timely care to patients when and where they need it and in a way that respects their inherent dignity. The discussion paper also identifies several external realities that will have significant and varying impact on the definition of what constitutes health care and the challenges that will arise in delivering such care. Briefly these are:

The New Biology

Developments in cell biology, advances in our knowledge of the human genome and nanotechnology are changing how we classify diseases, causing tests to be reinvented and entire therapeutic strategies to be revamped. The very definition of "patient" is changing, in part because illnesses we used to start thinking about at age 50 are now predictable as early as birth.

Demographics

Overall, the population of Ontario is getting older. This means dealing with larger numbers of people with age-related chronic diseases and coping with new technologies that can possibly reverse or off-set the effects of aging. However, there are two demographic bulges: some segments of the population (esp. new immigrants and the Aboriginal populations) are much younger than the average. At the same time, the population is more culturally, ethnically and religiously diverse and more connected to distant parts of the world. Simultaneously, the more diverse population means

confronting diseases and patients from around the world and the need to provide culturally-sensitive care to all patients regardless of their age.

Technology and Innovation

New technologies and the new biology mean a vast expansion of the tools we have at our disposal to define, diagnose, and treat disease. The challenge becomes balancing innovation and effectiveness -- embracing new opportunities but in a prudent manner given that "newer" is almost invariably more expensive but only sometimes more effective.

Economics

As taxpayers, employees, employers, or as patients we all bear some share of the cost of health care and the associated research enterprise. Although much attention is paid to the "expense" of health care, we need to also recognize this spending as an investment -- a source of jobs, technological innovation and potentially a major driver of the 21st century economy. We need to deliberate on how and where do we make investments, who makes them, who assumes the inherent risks and to whom do the rewards return?

Health Consumerism

Along with our strong commitment to an accessible public health care system, we can also be quite individualistic in our health care decision-making, especially when our own health or the health of our families and loved ones is at issue. Thus, we demand greater timeliness, quality and choice within the system and it is reflected by growing demand for, and supply of, alternative approaches to health.

What Next?

These are broad, powerful forces that will shape the delivery of health care in Ontario over the next 15 to 20 years. The question is how are we going to collectively make the changes we need to in order to ensure that the health care system of tomorrow is ready to respond to both the opportunities and the challenges these and other forces present? In discussing these issues together, we can bring our diverse expertise and best thinking to the task of envisioning the future health care system we want for Ontario.

E. Working Papers

PURPOSE OF THIS DIALOGUE

This dialogue is an opportunity to focus on the year 2020. It is an opportunity to step outside today and tomorrow and join with others to envision the future.

All of you are deeply concerned about the future of health care. Many of you have participated in similar discussions about these and other important issues with your colleagues. What's different about this gathering is it provides a forum for a diverse group to talk and work together to develop a vision for health care in the year 2020. By bringing together people of varied and deep experience and expertise, seeds of creative ideas for the future can be developed based on your combined wisdom and what you believe is important to have in place by 2020.

PURPOSE OF THE WORKING PAPERS

Focussing one's mind away from the immediate and urgent is not easy. Stepping outside today and the systems as we know them requires a major mental shift. To help you do this and prepare for the morning dialogue, we ask you to complete these brief working papers – your homework.

Part A – Developing a real context for 2020

To think your way into this future, please reflect on questions about your life as it might be in 2020. In doing this, we want you to think about yourself and those people closest to you and what both your and their health needs will be. You will not be asked to share details.

We are also asking you to put yourself in someone else's shoes - to think about their health care needs. You will find descriptions of five (fictitious but illustrative) people living in Ontario in the year 2020 at the end of Part A. Each of you will be assigned one person to reflect on in terms of their needs for health care and how those needs are met in 2020.

In the first Dialogue Group of the morning, we will ask you to introduce yourself by giving a brief summary of some of the health care needs of the people you thought about in Part A. We have provided space for summarizing so that you can be prepared to briefly introduce yourself and your context in a way that is comfortable for you. This introduction will set a context for the needs in 2020. As you will see in Part B below, we ask you to bring your professional expertise and context to bear on how the system should look in 2020. This will be the main focus of the Dialogue Group.

Part B – Envisioning health care to address the context identified in Part A

Holding the picture of yourself, family and friends, as well as the assigned person you received in a separate document, jot down your ideas about health care in 2020. Who does what? How are they different from today? A series of questions are provided to help focus your thinking and capture your ideas. You can draw on these in your group discussions during the dialogue.

Part A – Context of 2020

The Inner Circle of Your Stakeholder Map	What is this person's relationship to you? Or, what is the person's name.	It is 2020, how old is this person?	What is the state of this person's health? Who would they turn to for help?	What does this person need/want in terms of health care?
Its 2020, with whom are you living?	• •			
Bring to mind a few of your closest relatives.	• •			
Bring to mind a few of your closest friends.	• •			
		It is 2020, how old are you?	What is the state of your health? Who would you turn to for help?	What do you need/want in terms of health care?
What about you?				

Introducing Yourself in the First Dialogue Group

In addition to your name and where you work or volunteer, you will be asked to describe the context of 2020 that you anticipated in the previous questions. In this introduction you will have about 2 minutes and you can make it as personal or impersonal as you want. Others in your small group will want to know age groups, health issues, needs and wants from health care as they emerged from the questions you answered on the previous pages. They will also need to know which person you are "representing".

Your scenario as you want to describe it…

To reflect even more of the demographic in 2020, we have added other Ontarians to the list of people to be considered. Each Dialogue participant will receive a short description of one of the people described on the next page and asked to bring that person's perspective in the first dialogue in the morning. The Ontarian you will be representing is enclosed as a separate attachment, along with a work sheet.

For your information, here are demographic sketches of five Ontarians whose perspectives will be represented by participants in your small group.

Sabah Sayeed

Sabah Sayeed, a high school student living in Toronto, turned 16 in 2020. Her mother and father immigrated to Canada from Pakistan with their parents. Her parents have extended families in the Toronto region. Both parents are working professionals and provide a comfortable standard of living for their family. Sabah and her brother, first generation Canadians, are fluent in English and their mother tongue. Sabah grew up in an observant Muslim family who is active with the Toronto Pakistani ethno cultural community. A good student, Sabah is in good health, apart from suffering from asthma, and is an avid soccer player. She recently started dating a non-Muslim teenage boy from her school, who smokes and does recreational drugs. She does not smoke and has just become sexually active, though her family is unaware of this.

James Clarke

James Clarke, a 28 year old Canadian of Jamaican descent, works on contract as a computer technician for a marketing firm in Oshawa. He has a college diploma from Seneca College and is taking night classes in graphic design. He and his 26 year old girl friend Sherri rent a townhouse in Oshawa; their combined salaries put them in a middle income bracket. James and Sherri want to get married and have a child but want to first pay off their student loan and personal debts and save for a down payment on a town house. Sherri, who graduated from university in 2018, is doing contract market research. She hopes to get a better paying job soon. James, who has battled depression since late adolescence, takes anti-depressants and is seeing a psychiatrist. He is not a full time permanent employee and must pay for his own medication. He worries that he will not be able to secure more stable employment because of his struggle with depression.

Nancy Cheong

Nancy Cheong was born and raised in Vancouver, where her parents and siblings still live. Her parents came to Canada in the late1950s from mainland China. Nancy now lives in Ottawa and is a policy analyst in the federal public service. She has a Masters degree and is upper-middle income. Divorced in 2020, at age 45, she and her ex-husband alternate weeks caring for their two young children - Nick, age 8 and Sarah, age 5. Nancy is an active volunteer at the Chinese Community Service Centre and both children are active in organized sports. Last month, Nancy was diagnosed with stage 1 breast cancer. Her grandmother and sister died of breast cancer and her mother is a survivor.

Steve Duval

Steve Duval is a 64 year old Franco Ontarian born, raised and still living near Hawkesbury. Most of his working life he was a factory worker in a unionized company. Roberta, his Anglophone wife of 30 years, is a nurse's aid in a senior care facility. Their two children, Michel and Sharon, live in Ottawa and Barrie, respectively. A grandfather of three, Steve is a proud Knights of Columbus member. Five years ago, suffering from obesity, Steve developed Type 2 diabetes. Since then he has been on long term disability. With a reduced income his wife's salary just manages to cover all of their expenses. In 2019, Steve's condition worsened resulting in renal failure. He is now doing haemodialysis three times a week waiting for a kidney transplant.

Susan Wilson

Susan Wilson is 80 years old, low-income widow living in Sioux Lookout. She continues to live on her own in the house she and her husband shared for 60 years until his death last year. Susan has congestive heart failure, severe arthritis and early Alzheimer's disease. They have a 45 year old son and a 40 year old daughter, both of whom live in Toronto with their young families. Both adult children are juggling full time work and young families. Susan sometimes thinks about asking for home care services, but she doesn't know if she can afford it and she doesn't want to worry her children.

Part B – Envision Health Care - 2020

Imagine that it is the year 2020, you are relieved, pleased and proud that health care has been transformed in the most positive ways. Your family, friends, and the Ontarian you were asked to represent and the larger community is experiencing the kind of health care you believe is needed. You believe that what is available respects collective and individual rights in an appropriate balance.

- How has the health system changed to reflect the implications of:
  - √ The New Biology: e.g., our ability to tailor health care delivery to individuals
  - √ Demographics: e.g., Ontarians are older, generally live longer, and are likely to have more chronic disease
  - √ Technology: e.g., pressure is mounting to include more new diagnostic tools however limited their effect
  - √ Economics: e.g., health care a source of innovation and economic growth (as well as a cost)
  - √ Health Consumerism: e.g., Ontario residents increasingly focus on timeliness, quality and choice for their health care
  - √ …. other drivers you would add to this list

→

- What do you see? What systems, structures and services are in place?
- How have the systems and organizations of 2006 been transformed? When you look at hospitals, universities, community organizations, volunteer groups, Local Health Integration Networks, Community Care Access Centres, pharmaceutical companies, government, citizens – what is different? What is the same?
- When you look at service providers who do you see, what are their roles and what are they doing?
- What innovations – processes, organizations, roles – do you see? What is new?

Part B – Envision Health Care – 2020 (continued)

As you reflect on the health needs in Part A, the implications of the drivers, and your vision for 2020, you may find the following to be useful in triggering your thinking about the future.

WHO?	
• physicians • nurses • therapists • dieticians • other health professionals	• researchers • educators • volunteers • family • individuals
WHAT?	
• acute care • disease prevention • home care	• health promotion • diagnostic testing • public health
WHERE?	
• in institutional settings • in the community	• in the home • remotely via technology
ENABLED BY WHAT?	
• Governments • Universities • Colleges • Regulatory Bodies	• International Organizations • Private Sector

WHAT WILL BE THEIR FOCUS?

HOW WILL THEY BE THE SAME?

HOW WILL THEY BE DIFFERENT?

What do you see? What systems, structures and services are in place?
How have the systems and organizations of 2006 been transformed? When you look at hospitals, universities, community organizations, volunteer groups, Local Health Integration Networks, Community Care Access Centres, pharmaceutical companies, government, citizens – what is different? What is the same?

When you look at service providers who do you see, what are their roles and what are they doing?
What innovations – processes, organizations, roles – do you see? What is new?

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