

SUMMARY OF PROCEEDINGS

June 15, 2011, 7:00-8:30
RIM Park Manulife Financial Sportsplex & Healthy Living Centre
2001 University Avenue, Waterloo, ON N2K 4K4

The Waterloo Wellington CCAC (WWCCAC) Annual General Meeting welcomed approximately 100 individuals including community representatives, leaders from the Waterloo Wellington Local Health Integration Network, community service providers, Hospitals, community networks and WWCCAC Board Members and staff. To view the AGM flyer please click [here](#).

Opening Remarks

Marshall Draper, WWCCAC Board Member, reconvened the Waterloo Wellington CCAC Annual General Meeting, thanking those in attendance for their participation. He briefly referred to the three Year Strategic Plan of the WWCCAC. The strategic plan 4 priority areas include: Safe, Quality Care; System Leadership, Right Care-Right Time-Right Place; and Engaged Community and Staff. He explained that tonight's event is an example of how the organization is advancing the "engaging community and staff" priority but creating an opportunity to have a discussion on the future of health care. Mr. Draper invited attendees to review the Annual Report to the Community, which can be viewed by clicking [here](#). He spoke of the change in the health care conversation, from the federal level to the local and provincial level, marking an exciting time for CCACs. Mr. Draper then introduced Kevin Mercer, CEO, Waterloo Wellington CCAC.

Kevin Mercer again thanked everyone for attending the WWCCAC AGM. He welcomed representatives from the community, providers, WWCCAC board and staff members and users of the health care system. He spoke of the launch of the "Patient Declaration of Values", created in partnership with local hospital under the leadership of Guelph General.

He introduced the moderator for the evening, Dr. Liana Nolan, Medical Officer of Health. Dr. Nolan has been Commissioner/Medical Officer of Health for the Region of Waterloo since 2001. Her complete biography can be found on [page 6](#).

Introduction of the Moderator – Dr. Liana Nolan

Dr. Nolan began the Panelist Presentation by suggesting that this was an opportunity to change the conversation in Health Care. Dr. Nolan noted that the previous landscape of Health care was that of a younger clientele with less complex issues. The current landscape is made up of an older population with more complex issues, including chronic disease, new drug protocols and ever changing technology. Dr. Nolan spoke of the consumers of health care and the need for patient centered care and value for the dollar spent. Dr. Nolan stressed the need for improved community health services with a view to addressing the inequities of the system, including the well known social determinants of health. Coupled with balancing the inequities is the desire to see an increase in patient responsibility, with individuals committing to involvement in their health. She invited the community to participate in the health care conversation with a view to driving change. Those who have utilized the services are well positioned to evaluate the system.

Speaker – Mr. Ted Ball

Following Dr. Nolan's succinct introduction to the topic of, "Your Health Care – Time To Get Involved" she introduced the first panelist, Ted Ball. Ted Ball is a partner in Quantum Transformation Technologies, and has spent the last 10 years learning about organization

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transformation and whole system redesign. He predicts a tsunami for the Ontario Health Care System in the spring of 2012. Mr. Ball's complete biography can be found on [page 6](#) and a link to his presentation can be found [here](#).

Ted Ball expressed his delight at being invited to speak at the WWCCAC AGM and said he was impressed with the large turnout for the AGM. Clearly this was an indication that the future of health care is an important topic for all. He hoped to deliver "Reality Therapy" and asked the audience to consider this perspective. He asked listeners to think differently. An iceberg, he reminded the audience, is 9/10 below the surface.

Mr. Ball related a story about a gentleman driving a MGB down around a windy road. A woman yelled, "Pig, pig!" Thinking she was calling him a pig he gestured rudely, curved around a corner and hit – a pig. Ted Ball views himself as the woman yelling pig at the driver. He feels he has been yelling at the health care system for years.

He predicts a tsunami of issues moving towards the health care system. The system operates with a \$16.b billion deficit and a \$237 billion debt. The annual cost of interest on the debt is \$9.7 billion. These numbers are, according to Ball, impossible to sustain.

Mr. Ball is of the opinion that the crisis in health care will climax in the spring of 2012. He feels that the system needs a wake-up call and that it is time to do things differently. The following statistics, presented by Ball, support his claim. Currently, 30% of expenditures in the health care system are of no real value. The increased cost of the health care system increases 5-7% annually. At present 50% of the budget of Ontario is devoted to health care, by 2030 it will rise to 80%. And, 70-80% of those dollars are spent on chronic diseases. Canada has the 4th highest health care spending in 17 countries, yet Canada ranks 10th in performance and last in patient centeredness. When entering a hospital patients have a 1/13 chance of being harmed and each year there are 25,000 preventable deaths. His summary: we will hit the pig.

Mr. Ball spoke of public opinion polls that reported 88% Ontarians name Health as their first priority. Yet, Ontarians do not want any changes. Mr. Ball predicts an election fought on the issue of health care. In four years he suspects that the health care system will look nothing like it looks today.

Mr. Ball related a study completed at North York General Hospital where front line workers were asked to review a 120 step process. The directions: do not keep a step that you would not personally fund. The result was that the front line workers were able to reduce the process to 10 steps, create patient centered care, save money and decrease wait times. This, according to Mr. Ball, is in part the solution to the health care crisis – ask the people who do the work to find solutions.

"Cheap Health Care", stated Ball, is Canada's last competitive advantage. In Canada 10% of the GDP is spent on health care, compared to 17% in the United States.

The Canadian Alliance for Sustainable Healthcare (CASHC), Ball predicts, may become the driving force behind health care reform. The CASHC has identified the need for, "empowerment, greater responsibility, changing the way we think about health care."

In sync with the CASHC position is, according to Ball, Don Drummond's Report that stated the cost curve must bend. The report predicted that \$6 billion must be removed from the health care system, something only attainable suggested Ball over a three year period. In addition to this \$6 billion, \$1 billion will be required to service the debt. But, warns Ball, \$6 billion cannot be removed

from the system without a fundamental transformation. The downsizing silos of the past were not successful, 6,000 nurses were lost, and the number of preventable deaths skyrocketed.

Paul O'Neil Senior, former Secretary of the U.S. Treasury, drove health care transformation in Pittsburg and was able to reduce costs by 40-50%. Ted Ball suggests a 30% potential savings in Canada. The key to this transformation according to Ball is Patient Centered Care.

In summary, Mr. Ball outlined a number of options to review the health care system: create a two-tiered system bringing increased funds, utilize the co-pay system, de-list services and drugs, reconfigure the system or adopt the patient-centered design. Fast Company, a well-known magazine, ran an article in 2005 entitled "Change or Die" that Mr. Ball quoted. According to the article 9/10 people would rather die than change. Ball: the system must change.

Speaker - Dr. Kevin Leonard, PhD.

Dr. Nolan thanked Mr. Ball, then introduced Dr. Kevin Leonard, Associate Professor, Faculty of Medicine, University of Toronto. Dr. Leonard developed Patient Destiny to expand the voice of the consumer in health care. Dr. Leonard has Crohn's Disease and has been and continues to be a heavy user of the health care system, making him passionate about its future. Dr. Leonard's biography can be found on [page 7](#) and a link to his presentation can be found [here](#).

Dr. Leonard related his background in statistics and metrics and his passion for finding measurable data. In the 1990s he worked in the NHL as an assistant coach for the Vancouver Canucks and developed systems for predicting hockey player trends with a game.

Dr. Leonard also spoke of his many hospital stays, and the number of times he has been stuck in hospital because tests were lost. His frustration with his health care experience led to his commitment to improve the system. The solution, according to Leonard, is simple. The patients are the solution. Patients who care about the outcome of their treatment, possess a strong circle of care and are aggressive have better outcomes. In Leonard's experience when a patient tells a physician that he/she will work as hard as they do, physicians work. What is required said Leonard, is the infrastructure to support engaged patients. Leonard summarized his view of health care as two things: care and information. And, to bring these ideas together he created Patient Destiny.

Patient Destiny, according to Dr. Leonard received a fair amount of pushback as stakeholders questioned whether or not patients truly want to be empowered. But, the key, he stated, is to keep an eye on eHealth, and continue to raise awareness of the need for this development. He spoke of involving patients and other stakeholders in the development of eHealth solutions from design to implementation with ongoing evaluation, measurement and metrics.

Dr. Leonard related three "Rules", critical to improving the health care system. The first rule he outlined is that, "Investing in improving quality health outcomes reduces overall system costs." He suggested that patients who learn about the condition manage it better, and they are able to help their care stay on track. This results in less emergency room time and less operating room time. The patient will, according to Leonard, experience less severe interactions with the health care system which is better for everyone.

The second rule he related was that, "The best way to sustain improved outcomes is through patient partnerships and engagement." He cited cancer surveillance protocols as a success.

The third rule he outlined is to ensure patient engagement through electronic data exchange and communication. Dr. Leonard suggested reminders etc. to make patients feel more connected to

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the health care system. Info Well, a program for breast cancer survivors provides patients with access to blood work, and test results. Dr. Leonard reported that patients do indeed feel more connected to the system.

Dr. Leonard discussed the results from a survey asking patients and health care personnel if they would like access to their health care records. Of patients, 84.8% responded that they would like access, as did 95.8% of health care personnel. Of those patients who responded negatively, the main reason was concern over the responsibility that would lie with patients if this access were granted.

This access, according to Dr. Leonard would not create a burden on the health care system. The vast majority of the population is not interested in their health records. The critically ill, 70-80% of the health care users, are 30-40% of the general population. Of those, it is the empowered, informed, active patients who would access their health record.

Patient Destiny, described Leonard, is truly innovative. He envisions patient portals, mobile devices, virtual coaching, social networking, a hub of information and access to speaker series. These records would not be owned by the patient but shared. There would not be an opportunity for patients to hide data or results from new health care providers. The goal, as he sees it, would be patient and provider collaboration.

Dr. Liana Nolan thanked Dr. Leonard for his thoughts and insight into patient focused care. She then introduced the Question and Answer portion of the evening. She highlighted the fact that 60% of the audience was comprised of providers and suggested that the system is convenient for us (the providers). She related an acquaintance's experience and difficulty with navigating the system. Dr. Nolan reiterated the message from Ted Ball and Kevin Leonard, of what gets measured gets noted. Lastly she stressed the need for a voice for patients. Dr. Nolan then opened the floor for questions.

Question From the Floor - Patrick Gaskin, Cambridge Memorial Hospital, CEO

What are we going to do about it? [There is] strong resistance to change, stakeholders, and bureaucracy....we see the tsunami, what are we going to do about it? Mr. Gaskin also asked the moderator about personal responsibility in terms of smoking and obesity? Does she see a transfer cost responsibility?

Ted Ball responded, relating his experiences of being the Chief of Staff for various cabinet ministers. He knows politicians and he has explained the situation to them. He sees the answer as "Tough Love". He stated the answer must be "NO" the next time the government requests funds. No one voluntarily goes on a diet said Ball. The next government has a chance to save health care. Decision making needs to be moved, according to Ball, from Queen's Park to the front lines. Policy makers must trust the wisdom of the health care workers.

Dr. Nolan spoke to balancing demands in her response to Gaskin's question about shared responsibility. Conversation and debate around values, public policy, equity and economics are required. The electorate needs to know the issues and the poor health of the economy has driven this debate to the forefront.

Question from the Floor - Ginger Comission, WWCCAC Community Case Manager

What comprises the 30% waste in the health care system?

Ted Ball responded that the first time he heard The Rule of 30 was in 1989 from Eleanor Caplan. He stated that it took many years to discover the validity and sees the waste in areas such as

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inappropriate surgeries, care, ODB, everywhere. His colleague, Paul O'Neil Senior indicated that the 30% is a very Canadian estimate and he feels savings should be in the 40-50% range.

Ginger Comission asked in follow-up, how to get people to implement the needed changes.

Ted Ball replied that the redesign of system structure and processes is critical with the input of front line workers. As well, macro changes are required, such as an overhaul of OHIP and OBD. As well, he sees a necessary increase in the role of the CCACs.

Dr. Nolan spoke about the need for measurement and metrics in response to Ginger's question.

Question from the Floor - John Camelford of the Canadian Diabetes Association

How much can be done to assist reluctant patients.

Dr. Leonard responded that patient involvement is the answer.

Also in response to Mr. Camelford's question Ted Ball spoke of the waste by inappropriate utilization and the huge physician waste. He noted the miniscule cost of patient access as a cost effective way to further engagement.

Question from the Floor - Bryce Walker, WWCCAC Board Member

"Would patients will own their records?"

Dr. Leonard responded that his vision is to have all the records in one place. He was not clear as to the question of ownership. Patients would not be able to hide data. Full disclosure on both sides would be expected. He suggested that patients take ownership. One question he has been asked is how this would benefit patients unable to drive their care, such as mental health patients. His thought on that area is that perhaps the benefits to sectors such as these would be in the decreased strain of the system. The bottom line of his answer is that the largest stakeholder is not involved, and that is the patient. The details will be resolved.

Ted Ball outlined his thoughts that technology may have arrived just in time to help save the health care system. There are currently 18,000 medical apps to help ease the burden. The cash box for the politicians must close. Ball reflected that the more eyes on health records would potentially help identify errors, as even with accessible records medical mistakes will happen.

Dr. Nolan concluded the Question and Answer period and thanked the speakers, Ted Ball and Dr. Kevin Leonard for framing the current state of the system with a different lens and for making everyone in the audience just a little bit uncomfortable. She then asked Kevin Mercer for his closing remarks.

Closing Remarks

Kevin thanked Dr. Nolan for moderating and for her contribution to the discussion. He also thanked the passionate speakers and spoke of a convergence with Ted Ball's alarmist approach and the back to basics, patient centered approach of Dr. Kevin Leonard. He can see better ways of doing things and believes, with the LHIN's leadership the WWCCAC is headed in the right direction.



DR. LIANA NOLAN – Medical Officer of Health for Waterloo Region

Dr. Nolan has been Commissioner/Medical Officer of Health for the Region of Waterloo Public Health since 2001. Her main responsibilities include promoting and protecting health and preventing disease through the management of programs and services provided by the Region of Waterloo Public Health.

Dr. Nolan possesses a Master of Health Science from the University of Toronto and is a specialist in Community Medicine.

Dr. Nolan also serves as an Assistant Professor (Part-Time) in the Department of Clinical Epidemiology and Biostatistics at McMaster University.

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TED BALL is a partner in *Quantum Transformation Technologies* a consulting firm specializing in building the internal capacity of organizations to redesign and transform themselves using the systems-thinking-based tools and processes developed by Quantum and its strategic partners, *Quantum Innovations* of Austin Texas, and *Clearpath* of Seattle Washington.

Ted is well-known in the Canadian healthcare system for his thought-provoking essays on organizational transformation, leadership, governance, balanced scorecarding and the design of complex adaptive systems.

For the past twenty years Ted has worked on leading-edge knowledge product development teams to create tools and processes that liberate the knowledge & wisdom of frontline workers to redesign their systems, structures and processes to improve quality, efficiency and to enhance the patient experience. These tools combine the art and science of organizational alignment, leveraged strategic thinking and story-boarding.

Dennis D. Pointer, co-author of ***Board Work: Governing Health Care Organizations*** says that "one of Quantum's great strengths is that they get people to see the 'whole system' and the 'big picture' so we can better integrate the component parts of governance, management, and our service delivery systems. They have raised the bar on both the science and art of systems thinking."

Ted has worked as a speech writer, policy advisor and Chief-of-Staff to Ontario Ministers of Health from all three political parties. He has operated as a transformation coach to CEOs of hospitals, CCAC's, community services and Thank Tanks as well as a facilitator for high performance teams developing strategy, creating knowledge products, shifting corporate culture designing new governance processes and reconfiguring whole service delivery systems.

Ted was recently appointed by the Government of Ontario as a "governance expert" to establish the governance structure incorporating York Central Hospital and the Vaughan Health Campus of Care. He and Ken Moore of Quantum Innovations facilitated the Board and Senior Management Team at North York General Hospital to create the first *Balanced Governance Scorecard* at a Canadian hospital.

Most recently, Ted has been an innovator in the field of *experience design* – methods and processes created to enhance and dramatically improve the patient experience by mobilizing the knowledge and wisdom of front-line healthcare service providers.

Toronto Star columnist and editorial writer Carol Goar says that: "*Ted Ball is one of the best informed health policy analysts in the province.*" She says that "*Ted has excellent connections at Queen's Park, and an encyclopedic knowledge of the healthcare system.*"

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DR. KEVIN J. LEONARD, MBA, PhD, CMA

- Associate Professor, Department of Health Policy, Management and Evaluation (HPME), Faculty of Medicine, University of Toronto
- Founder/Executive Director, Patient Destiny (www.patientdestiny.com)
- Executive Director of the IMPROVE IT Institute – Indices Measuring Performance Relating Outcomes, Value and Expenditure from Information Technology
- Research Scientist with the Centre for Global eHealth Innovation, University Health Network.

Kevin Leonard received his PhD from the Joint Doctoral Program in Montreal where he specialized in Statistics and Information Systems Theory for Business. He has two primary areas of research: (i) the implementation of electronic health records (EHRs) along with researching issues pertaining to the development and implementation of patient-focused information technology (Personal Health Records or PHRs); (ii) the creation and implementation of metrics for performance measurement of the Information Technology (IT) investment within healthcare.

Kevin has Crohn's disease and has had frequent and extensive interactions with the healthcare system. He is a strong believer in patient empowerment and the critical role patients play in deciding about their care in consultation and collaboration with their health providers. Through Patient Destiny, Kevin is working to expand the voice of the consumer in healthcare – the patient voice.