CHLNet Network Partner Hybrid Roundtable DRAFT Minutes
November 15th 2024 – 1130 to 1500 Eastern Time

Secretariat

Kelly Grimes, CEO, CHLNet
Grace Gemin, Program Coordinator, CHLNet
Deanne Taylor, Research Advisor
Stephen Samis, Policy Advisor

Board Members

Scott Malcolm, Canadian Armed Forces, Chair
Andrea Johnson, Nova Scotia Health
Carolyn Pullen, Canadian Cardiovascular Society
Jean-Louis Denis, University of Toronto
Kathy MacNeil, Island Health
Yvonne Mburu, Fraser Health and Emerging Health Leaders

Network Partners

Arni Ahronson, Canada's Drug Agency
Brenda Lammi, Canadian College of Health Leaders
Candice Christenson, Steve Kovacic, The Good Samaritan Society
Carmen Chinchilla Pleitez, Stevie Colvin, Alberta Health Services
Colleen Galasso, Nadia Salvaterra, Canadian Society of Physician Leaders
Dale Schierbeck, Jonathan Mitchell, HealthCareCAN
Emily Watkins, Linda Silas, Canadian Federation of Nurses Unions
Graham Dickson, LEADS Global
Ivy Bourgeault, Canadian Health Workforce Network
Janice Cooney, Jennifer Kitts, Stephanie Coquette, Canadian Medical Association
LCol Jaques Ricard, LCol Raymond Trudel, Canadian Armed Forces
Jeff Moat, Pallium Canada
Jérôme Ouellet, Tanya MacDonald, Healthcare Excellence Canada
Kent Flint, Island Health
Kristofer Nielsen, Provincial Health Services Authority
Marci Gillespie, Vanessa Pearson, Health Canada
Marsha Bennett, Nova Scotia Health Authority
Ming-Ka Chan, Sheila Betker, Shared Health Manitoba
Otisha Joseph-Halley, Canada Health Infoway
Rhowena Martin, Canadian Centre on Substance Use and Addiction

Emeritus

Bill Tholl, CHLNet Emeritus
Brian O'Rourke, CHLNet Emeritus
Don Philippon, CHLNet Emeritus
Gillian Kernaghan, CHLNet Emeritus
Rachel Maillet (Bard), CHLNet Emeritus

Observers and Speakers

Greg Marchildon, Speaker
Ioana Popescu, Kathy Kovacs Burns, Patients for Patients Safety Canada, Observer
Laura Desveaux and Robert Reid, Trillium Health Partner, Speaker
Leigh Chapman, Health Canada, Speaker
Kathleen Ross, Canadian Medical Association, Speaker
Reagan Bartel, Otipemisiwak Metis Government of the Metis Nation within Alberta, Speaker
Verna Yiu, University of Alberta, Speaker

Partner Regrets

Amy Riske, Yukon Health
Anurag Saxena, University of Saskatchewan
Barrett Blue, Saskatchewan Health Authority

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Bettina Hamelin, Innovative Medicines Canada
Bill Marra, Hôtel-Dieu Grace Healthcare
Caroline Heick, Canadian Institute for Health Information
Catherine Gaulton, Health Insurance Reciprocal of Canada
Chris Watling, Royal College of Physicians and Surgeons of Canada
Corinne Rowswell, Health PEI
Devidas Menon, University of Alberta
Glen Brimacombe, Canadian Psychological Association
Karla Thorpe, Mental Health Commission of Canada
Myles Sergeant, Canadian Coalition of Green Health Care
Phil Cady, Royal Roads University
Ruth Chen, McMaster University
Sarah Scott, College of Family Physicians of Canada
Victoria Schmid, Switch BC
Wendy Sullivan, Canadian Partnership Against Cancer

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Introductions and Approval of Minutes/Motions

Scott Malcolm, Board Chair of CHLNet, began by sharing a land acknowledgment and welcoming all including our observers Ioana Popescu and Kathy Kovacs Burns of Patients for Patients Safety Canada.

The partners used to convene face-to-face in Ottawa twice per annum to set policy directions; appoint members of the CHLNet secretariat (now Board); to set network partner fees; and to conduct such other CHLNet business that will, from time to time, be required. Since the COVID-19 pandemic, the roundtable has shifted to virtual and hybrid gatherings.

Motion put forward for approval:

Motion by Ivy Bourgeault, seconded by Ming-Ka Chan and carried to approve the Minutes of the May 2024 Network Partner Roundtable.

Partners were encouraged to reach out to Kelly Grimes if they are interested in any of the working and steering groups or know of other leaders interested in being part of this network. The roundtable began with a leadership dialogue as outlined below.

Leadership Dialogue: The Public/Private Split in Healthcare: What 21st Century Leadership Capabilities and Practices are required?

Chatham House Rule were employed for the leadership dialogue. Dr. Kathleen Ross (CMA Past President) presented the Canadian Medical Association's new policy Managing the Public-Private Interface to Support Quality Care (2a).

A 3-person response panel brought in perspectives of leaders from academia, health systems and government.

1. Dr. Greg Marchildon
2. Dr. Verna Yiu
3. Dr. Leigh Chapman

Presentation Highlights:

1. *Canada Health Act (CHA):* Aspirational principles contained in CHA and are not being meet for most Canadians. Canada has a very narrow based definition for public coverage which is why many are asking for an expansion in universal health coverage. Currently an illness-based system and the Act leaves it open for government departments to make their own decisions of where to direct services. A new paradigm of health is required, one that is wellness focused. CHA annual report is an excellent resource with three interpretation letters and intend to do a 4th to recognize the changes in healthcare.
2. *The Split Itself:* Private sector is embedded in Canadian health care with a current split of 70/30. Canadian data is lacking and often difficult to compare across systems. Need to look at the details on how delivery is done and sometimes it is a being done at a private tier. Will contracting additional work to private clinics help meet needs and address wait times?

3. *International Comparisons*: No international optimal public/private balance and Canada's split is on the low end compared to other OECD countries. Need to be careful distinguishing between finance and delivery in discussing the split as most of the action is on the delivery end of that. Recent 2024 Commonwealth Study compared health system performance in 10 countries and Canada moved up to 7th place in rankings (ranking higher in the care process).
4. *System Focus Away from Provider Centric*: System needs to be built for patients, users, citizens, and taxpayers as whole. Our institutions are usually built around the needs of those providing the services. Patients deserve to be involved in changes to the system and that changes serve them. Shared decision making required in any new model.
5. *Wider Basket of Service with Clear Accountability*: Wider array of publicly funded services required but we need the system to be accountable for its results (i.e. Chief Health Accountability Officer). More investment in team-based care and fund all necessary primary care services. Will we allow exceptions to this single tier? Give choice to those who can afford it? Is it through the public purse? Tough decisions for government ahead.
6. *Widening Scopes of Practice*: Significant changes in who can provide services in the last 40 years. A reason for CHA to be changed is too physician centric for medical care services. Funding models for all healthcare providers must be accountable to the system and this is a huge gap and creates a huge gap in outcomes. There are whole groups of providers and services (especially mental health and substance use) not covered by the CHA.
7. *More Evidence*: Lack of strong research evidence on funding within Canada. Need seamless, integrated information sharing and system. Health Canada released the nursing retention toolkit that shares evidence informed practices. Lack of evidence on centralization vs decentralization. Canada has siloed ministries for education, seniors, housing, health care, etc. For example, Denmark has centralized more in last 10 years but need to keep in mind that the entire social network is different from Canada. Is this a policy crisis or implementation one?
8. *Change Leadership*: Leadership is about change and the responsibility of leadership is to create a desire for change. Current method is individual leaders doing the best they can in their individual way, with small projects in certain areas. Best successes are from a broader view with shared risks with partners to drive those changes. We need to have a risk tolerance that we haven't had before in healthcare to implement our shared goals. Policy can be aspiration, and we need to accept that we won't get things right the first time. We pilot and pilot and pilot, with incremental change but (largely) fail in spread and scale.

"So leadership as a catalyst is important. What is it that CHLNet can bring to the table in terms of advancing health leadership into the future, not a lack of ideas but to get those ideas implemented!"

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CHLNet 3.0 Incorporation Progress

Board Additions and Succession Planning - In August the Board increased its size from 6 to 8 directors from its January incorporation. Given this, very pleased that two new directors joined the CHLNet board: Carolyn Pullen CEO Canadian Cardiovascular Society and Jean-Louis Denis, Professor at the Institute of Health Policy, Management and Evaluation at the University of Toronto, and Ontario Research Chair in Health Policy and System Design. Succession planning will begin in May for Kathy and Andrea whose terms will be ending.

Budget Cycle and Partner invoicing alignment

With our Jan 1, 2024, incorporation, the board has approved moving invoicing of Network Partners from March to January, beginning in January 2025. This is a well-received change so far and will align with our fiscal year end.

Membership & Partnership Committee Report

Stephen Samis provided an overview of the committee's work. Its purpose is to look at membership numbers and types over time, with size continuously remaining around 40 total. There is not a clear pattern of type of members leaving the network but did note merger cause sizeable membership loss. New bylaws now permit private sector and international memberships which can inform future membership. Three recommendations were put forward: continue to evolve our value proposition for existing network partners; identify and attract the next generation of network partners; and tailor our value proposition to various leader types. In the new year, the committee will be reengaged on a more detailed strategy.

Comments:

- Friends of CHLNet as individual members was previously discussed. This needs to be resolved from the board and no firm decisions taken on this yet.
- Are there collaboration efforts with CAHSPR to bring policy back to the conversation and build evidence on leadership development?
- Look at developing a Canadian Health Leadership Congress that brings in all the players and brings in the intersection of interest for discussions of collaboration. Canadian Cardiovascular congress would be a good example of what collaboration can do for success.

CHLNet Draft Courses of Action (CoAs)

At its' October 30th 2024 retreat, the board decided that the current strategic plan is still relevant and will continue to guide the network for the next two years, as well as inform our value stream *to Champion Strategic Leadership Excellence*. Four evidence generation priorities will focus action that links evidence to policy and practice (see Appendix A).

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The network's intention is to not oversaturate the health leadership space but instead enhance partner efforts. Network Partners were asked to provide feedback and indicate where we can collaborate, spread and scale, together:

- Collaborate with Schools of Business on resources like the Leadership Inventory.
- Excited to see an emphasis on patient voices in leadership.
- Look at the implications of AI for health leadership.
- Article: "Even if you build it, they may not come: challenges in the uptake of workplace mental health toolkits" - https://pubmed.ncbi.nlm.nih.gov/39390451/
- With respect to sustainability goal - HSO Health Standards Organization - Standards and Assessments is doing work in this domain and potentially the Public Health Agency Of Canada.

CHLNet Value Streams/Project Updates

This portion of the agenda is an update and input into a few of CHLNet's working groups and projects given by each project's chair(s) and/or researcher under the network's value streams:

i. *Learning Health Systems applied framework for leaders integrating research into health systems. Presentation from Robert Reid and Laura Desveaux*

Dee Taylor introduced the speakers and indicated that CHLNet is developing a *Learning Collaborative* with an evidence to practice focus around the four evidence generation priorities outlined above. Work to date involves 7 partnering universities and are working with CHLNet's Research & Evaluation Working Group and the LEADS Refresh. Highlights included:

- Research shows a major gap in everyday evidence around learning health systems. We need to build our learning from this and encourage learning exchanges across Canada.
- How do we build community involvement and a health system that addresses the needs of that community?
- Research aims to solve problems such as equity gaps which are widening, and others of such. Learning gears are: analytics & population insights; evidence synthesis; implementation; and evaluation, feedback & adaptation. Equity is imbedded in all of these gears.
- Using new implementation science; how to make things work and how to lead to make lasting change.
- Detailed evidence is being generated very quickly on what is working and what isn't to help fix problems of design of interventions and strategies.
- Doing work around the capabilities (typically emotional) that are needed of leaders to help their teams to learn. Need to create the time and space for this, including taking a bi-focal lens of managing the fires and the long-term goals at the same time.
- As we identify the capabilities, we also need to articulate who needs to do what differently and with whom.
- Not about reinventing leadership capabilities but extending to include more focuses.

ii. *Indigenous Health Leadership EXTRA Fellowship Team with Healthcare Excellence Canada*

CHLNet has been awarded an EXTRA Forces C19 Project team on: *Listening and Learning from Indigenous Health Leaders: Creating Culturally Safe Spaces to Strengthen Retention and Recruitment*. Katherine Chubbs, CEO Of The Good Samaritan Society and a CHLNet Board Member is the executive sponsor. Team members include: Dawn Thomas (VP Indigenous Health and Diversity, Equity and Inclusion, Island Health), Reagan Bartel (Director of Health, Otipemisiwak Métis Government of the Métis Nation within Alberta, Steve Kovacic (VP, HR and Reconciliation, The Good Samaritan Society) and Kelly Grimes (CEO, CHLNet). The team is very different from the typical EXTRA team as we are cross cultural, cross Canada, cross organization, etc. The team presented its focus in that representation isn't just about equity but about resolving harm. There is existing systemic racism which affect health of Indigenous community members. Goal of this project is to develop responsive, effective approaches to advance Indigenous health leadership.

iii. *LEADS Framework Refresh Update*

Graham Dickson presented this collaborative effort between CCHL, CHLNet and LEADS Global to refresh the LEADS Framework. A Steering Group and a Working Group are in place to guide this effort. Phil Cady, from Royal Roads University is the Mitacs fellow on this research project for the next two years. The intent is that the framework address the current and future needs of the heath system. The hope is to keep the abbreviation the same but update the capabilities and evidence. More to come on this as will be widespread engagement.

Next Meeting Date and Evaluation

Friday May 16th 2025, 11:30-2:30pm ET, Virtual. The Executive Roundtable will be an hour earlier.

Thank you to all the partners for attending. Our network is built on reciprocity so if you have ideas for improvement, please let us know.

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CHLNet 3.0: CHAMPION STRATEGIC LEADERSHIP EXCELLENCE

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EVIDENCE GENERATION PRIORITIES

1. Leadership Practices for the 21st Century to Transform Health Systems
2. Anti-Racism and Social Justice to Achieve Effective, Diverse and Inclusive Leadership
3. Leadership Styles and Practices that Promote Supportive Workplaces and Workforce Wellness
4. Climate Conscious Leadership Practices for a Sustainable Health System

Our Courses of Action

2025-2026 Short Term Objectives

Link Evidence to Practice

- Create and convene a Canadian Learning Collaborative for Health Leadership with co-leads comprised of academic and health system leaders
- Cultivate, gather and share leadership practices that make a difference

Demonstrate Leadership Matters

- Gather and share data on why leadership matters through mechanisms such as our benchmarking study
- Undertake leadership case studies and scenario-based learning that demonstrate impact

Enhance Our Leadership Commons

- Tailor and enhance our value proposition by various leader types to better share practices and tools
- Convene health leadership dialogues and roundtables
- Build deeper strategic partnerships for broader impact across leadership and membership based national organizations

Develop and Enable Network Tools and Services

- Enhance current network products and services to better build the next generation of health leaders
- Through partnership, develop new tools and techniques for learning around the four evidence priorities

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