



## 2011 Annual General Meeting Highlights

Held Nov. 2, 2011 in Ottawa, Ontario at the Fairmont Chateau Laurier Hotel

Leaders from across Canada's health research enterprise convened in Ottawa in November 2011 to share in an illuminating exchange of ideas and perspectives on the future of health research in Canada. Research Canada is pleased to present the following summary of conference proceedings. Find out more about our events and programs at [www.rc-rc.ca](http://www.rc-rc.ca).

## Panel Explores Health Innovation Adoption Deficit

A serious deficit in the adoption of health innovation hurts Canada's economy and prosperity, with profound impacts on health and health care, Dr. Michael Julius, Vice President, Research at Sunnybrook Health Sciences Centre and Past-Chair of Research Canada, told the association's third annual health innovation panel November 2.

Research drives the ability of Canada's \$200 billion health system to deliver the best care, Dr. Julius said. "Today's discoveries are tomorrow's cure, full stop. That's because we're discovering the root causes of disease and enabling the creation of treatments."

He cast the renewal of the Federal-Provincial Health Accord as a crucial opportunity to address the gap between research and commercialization. "We should be working in partnership with all our governments toward doing better business better."

Melanie Ogden, Associate Director, Quality and Innovation for the UK National Health Service's (NHS) North West Region, said the agency now has a statutory duty to promote and reward innovation. The UK had invested heavily in making the NHS a more market-based system, but clinical engagement with health reform was still limited and the NHS structure was largely risk-averse.

The agency shifted policies and increased front-line autonomy in the hope of building "an army of leaders" who don't have to ask permission to make positive changes, Ogden said. The ultimate goal is to create a culture that constantly looks for a new way of working and fosters collaboration

across sectors, recognizing that the best solution might not be the first one introduced.

Dr. Roberta Ness, Dean of the University of Texas School



of Public Health, suggested several drivers and characteristics of the innovation that health systems require. Innovation "is effectively creativity with a purpose" and, contrary to widely-held belief, major building blocks like attitude, risk-taking, and openness to new ideas can be taught across all ages, both genders, and a wide range of intellectual capacities.

She said successful innovation depends on the ability to

- Ask the right questions
- Draw analogies that place proven strategies in new contexts
- Understand divergent viewpoints
- Ask larger, integrative questions rather than smaller, more tactical ones
- Reorganize and rearrange established concepts
- Reverse underlying assumptions
- Draw on the collective intelligence of groups
- Overcome habitual patterns and ideas.

Borys Chabursky, President of SHI Consulting, said Canada has become complacent about its current level of innovation,



# Health Research Caucus Explores Gains from Innovation Journey

Innovation is a journey from invention to the systematic adoption of best practices, Melanie Ogden, Associate Director, Quality and Innovation for the UK National Health Service's (NHS) North West Region, told participants in the annual Health Research Caucus luncheon.

She traced a sequence of invention, proof of concept, bringing product to market, adoption, and diffusion, all leading to an organizational culture that turns innovation into a constant practice. When the process began within NHS, many staff were "stuck in 1980" and had little interest in new ways of working, but Ogden said that was all the more reason "to start having that discussion, that debate."

When it introduced its innovation framework, NHS focused on factors like vision, leadership, and the capacity to learn from failure while managing risk. But the agency also recognized that its staff had no time to think or try out different approaches. In addition to making it a statutory duty to promote and reward innovation, NHS introduced a series of supports, including several award competitions, an annual innovation expo to bring academics together with front-



line clinicians, five regional collaborating centres, and an innovation technology adoption procurement program.

Dr. Alain Beaudet, President of the Canadian Institutes of Health Research (CIHR), cited clinical research as a crucial link in the innovation chain. "It's essential if we want to bring to market new diagnostics, new treatments, new drugs, new bedside approaches," he said. "It's the only way to ensure that the practices we integrate into health care are effective and evidence-based."

Clinical research is also the cornerstone of any effort to determine the comparative effectiveness of different treatments, "so you can stop what isn't working, stop integrating what's ineffective, and really focus on those treatments that are effective," he added.

Canadian clinical research publications have the highest impact factor in the world, but pharmaceutical companies are still shifting their investment in clinical trials to China, Eastern Europe, and South Asia—partly because of costs, but "also because we're disorganized," Dr. Beaudet said. He cited regulatory barriers, slow contracting procedures, and convoluted ethical reviews as barriers to research investment.

Paul Davidson, President and CEO of the Association of Universities and Colleges of Canada (AUCC), stressed universities' fundamental role in building a strong society, economy, and country. When AUCC met at McGill University's Redpath Hall to mark its 100th anniversary earlier this year, a panel on the future of health care traced the role of university re-

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even though "by standing still, we're actually falling behind." Singapore's culture of innovation is reflected in the DNA Bridge, a 280-metre double-helix made of stainless steel that was hailed as an engineering marvel when it opened in 2010. China, meanwhile, has increased its share of global R&D investment from 9.1% in 2008 to 12.3% in 2010. Both countries are drawing investment from the pharmaceutical sector, which has meanwhile shrunk its western work forces by 300,000 people.

He said Canada's ability to keep up with international competitors will depend on visionary leadership, a fundamental cultural shift, and courage to make tough decisions.

Dr. Alain Beaudet, President of the Canadian Institutes of Health Research (CIHR), said affordability and access have become central issues for Canada's health care system. Disruptive innovation is the key to cutting costs and boosting effectiveness, so "we have to demonstrate how research is the only thing that will make the system affordable." Innovation depends on technology enablers, business model innovation, and better uptake by health practitioners and decision-makers, Dr. Beaudet said. He highlighted personalized medicine as a signature initiative for CIHR that points to more effective, targeted treatment, and stressed the fundamentally important role of clinical research in identifying best practices.



## Social Media Turns Health Information Into Action

Social media has emerged as a central component of Canada's communications landscape and an important tool for raising awareness of the country's health research achievements, according to panelists in a session chaired by Dr. Marla Shapiro, a member of Research Canada's Board of Directors and medical consultant for CTV News.

Social media "is really revolutionizing the way we communicate," both personally and institutionally, Dr. Shapiro said. "If we don't open our eyes to social media, we are really limiting ourselves in reaching our audience."

Dr. Sidneyeve Matrix, Assistant Professor of Film and Media at Queen's University, said searching for medical and health-related content is the third most frequent online activity, with 60% of "e-patients" reporting that web research influences their health decisions. Six in 10 Canadians have a social network profile, and with the growing popularity of smartphones, "social is mobile."

An estimated 17,000 mobile health applications are on the market, 43% of them designed for health professionals, and Dr. Matrix said patients often download professional resources for their own use. While this "could be a missed opportunity to consider," the mixed audience challenges organizations to make their content more widely understandable.

It can also be difficult to make health information stand out against the huge volume of available content. But if citizens "don't know what time it is with your research or why it matters, it won't matter to them very much if the money dries up," Dr. Matrix said.

She profiled several sites—from a New York City condom locator, to a U.S. Centers for Disease Control site that uses a zombie theme to promote pandemic preparedness—that found creative ways to cut through the clutter.

Dr. Anatoliy Gruzd, Assistant Professor at the Dalhousie University School of Information Management, said organizations need effective social media strategies to define and



reach their online communities. "You're not just talking to the Internet. You need to know who you're talking to and how to engage your audience."

Facebook has almost a billion users, Twitter generated 25 billion tweets last year, access to social networks grew 30% last year, and the fastest-growing online demographic is in the 55-plus age range, he said. Social media drove political reform in the Middle East, supported relief efforts in Haiti and Japan, and can be a powerful tool for health research communications:

- A cancer awareness site that offered a five-cent donation for each Twitter tweet generated 738,877 mentions in its first 44 hours online.
- A French anti-smoking campaign reached more than 400,000 unique users who averaged more than 10 minutes on the site, compared to the half-minute they might spend on a television commercial.

Dr. Gruzd said sound social media policies can counter the possible legal and reputational risks of using online networks. But only 20% of organizations worldwide, 29% in the Americas, have formal policies in place.

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search in creating a more innovative health system.

Innovative societies are prosperous, Davidson said, and universities now account for 38.2% of all research in Canada, a 10-point increase in one decade. Between basic research and training of students, investments in post-secondary education drive \$60 billion in annual health impact. But as emerging economies transform themselves with dramatic research investments, Canada can't afford to be complacent.

"Canada will never be the largest or the fastest, which means we have to be the smartest," he said, by equipping graduates with strong interdisciplinary skills and inspired creativity.

Russell Williams, President and CEO of Rx&D, described the reduced hospitalization rates and improvements in health system sustainability that have resulted from a 30-year partnership for research and innovation. The industry's \$1.3 billion annual research investment is paying off, with 800 potential treatments in the pipeline for cancer, 100 for Alzheimer's, 300 for mental health, and 300 for infectious disease.

But he said that impact will be limited unless Canada's intellectual property protection aligns with provisions in Europe and the United States. "[Out of] all that good work that everyone's going to be doing, we'll win a few, but we won't win the big stuff."

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