A Health Research Agenda for Patients, People and Prosperity
Imagine a world where...

A virus is used to cure cancer

Surgery no longer means cutting through skin

Genetic testing is used to determine the response to a medication
specialized patient care; and conducting leading-edge health research. Our members invest $1.4 billion in health research in Ontario and are home to 16,400 researchers and research staff. This investment generates $3.8 billion in economic output and supports 41,000 total jobs across Ontario – collectively, our members form the R&D arm of Ontario’s health care system.¹

What benefits does this bring to Ontario?

First, research hospitals make Ontario Healthier, through discovery of better care, cures and treatments for the most pressing challenges – discovered here, tested here, and delivered here.

Second, research hospitals make Ontario Wealthier, by contributing to jobs, productivity and economic growth, creating economic value by positioning Ontario as a global centre of health research and innovation, and through providing better care at lower cost by finding new methods of services, improving procedures and creating entirely new ones.

Lastly, research hospitals make Ontario Smarter, attracting and supporting the brightest and the best researchers and clinicians to enquire and discover. Skills are the lifeblood of a knowledge-based economy that will lead to new economic opportunities across Ontario.

Successful industry leaders in any sector know that in order to provide high-quality services at the best price, generate customer satisfaction and operate at optimal levels of productivity, investment in R&D is critical. And in fact, those are exactly the challenges facing Ontario’s health care system today.

Everyone in health care is committed to providing the best care for patients. Research hospitals have the additional responsibility of inventing tomorrow’s care and applying it today. And when we do that, we help to make Ontario Healthier, Wealthier and Smarter.
“It’s really hard to describe what it feels like to have my life given back to me. It’s remarkable in every sense of the word. I am incredibly grateful for what Dr. Atkins and The Ottawa Hospital have done for me.”

– Patient Tina Ceroni

Ontarians want their families and the people we love to live long and healthy lives. Health research makes Ontario healthier, through discovery of better care, cures and treatments for the most pressing challenges – discovered here, tested here, and delivered here.

Dr. Harold Atkins, Medical Director and Scientist at the Ottawa Hospital Research Institute (OHRI) applied a stem cell treatment, used for autoimmune diseases, to a rare brain disease characterized by debilitating muscle stiffness and spasms: Stiff Person Syndrome. It has stopped the disease, and improved the patients’ quality of life beyond measure.²

Dr. Giuseppe Papia, of Sunnybrook Health Sciences Centre, has applied angioplasty to restore blood flow in the legs of patients with advanced diabetes. This saves patients from amputation, and possible death, and saves health care dollars.³

“This procedure really helped. It’s just like night and day. Dr. Papia is an expert. The quality of care at Sunnybrook was great.”

– Patient Charles Hykawy
Ontarians want a more robust, sustainable economy. Investment in health research creates economic value by positioning Ontario as a global centre of health research and innovation. For example, Ontario’s research hospitals create jobs through their research enterprises and commercialization of health research, and health research innovation clusters contribute to local economies.
Ontarians want more value for their health care dollar. They expect government to deliver the same or better care at the same or lower cost. Efficiency and reduced costs can come from research and discovery, by finding new methods of providing services, improving procedures and creating entirely new ones – all with the goal of reducing costs while improving patient care.

For example, research from St. Michael’s Hospital on the merits of blood glucose test strips has led to a new government policy to reduce their routine use in certain cases of Type 2 diabetes. This could save Ontario’s health care system almost $100 million over five years.  

The Ottawa Hospital Research Institute has introduced a new clinical decision tool that assists ED physicians in better identifying at-risk patients with chronic obstructive pulmonary disease (COPD). An economic assessment has shown that this could save the health care system $116 million over three years.  

“The use of this tool is expected to reduce the number of unnecessary hospitalizations from 49% (in current practice) to 10% (using the decision tool). Most importantly, this tool can lead to safe admission decisions and improve patient care.”  

– An economic assessment by the Centre for excellence in Economic Analysis Research (CLEAR)
RECRUITING THE BRIGHTEST AND BEST TO WORK IN ONTARIO

Research also makes Ontario and its communities smarter by retaining our exceptional home-grown talent while also attracting the brightest international researchers. Skills are the life blood of a knowledge-based economy that will lead to new economic opportunities across Ontario.

For example, Mount Sinai Hospital and UHN recruited Dr. Samir Sinha in 2010 – an expert from Johns Hopkins University who quickly assumed a leadership role in elder care provincially, and now nationally. Two years later, he was appointed by the Honourable Deb Matthews to lead the development of a Seniors Strategy for Ontario which included recommendations that have been seen as key to ensuring the sustainability of our health care system.

Rhodes Scholar Dr. Naana Jumah returned to her hometown to further her clinical research in OB/GYN and advance the leading edge High-Intensity Focused Ultrasound (HIFU) program at Thunder Bay Regional Health Sciences Centre.

THE ADOPTING RESEARCH TO IMPROVE CARE (ARTIC) PROGRAM

The ARTIC Program was developed by CAHO to deliver care in a smarter fashion by moving research evidence from the bench to the bedside quickly. It was designed so that when one hospital discovered a new way to provide better care for patients, all CAHO hospitals used that knowledge as applicable.

Over the past 5 years:
√ 6 research discoveries have been implemented
√ In 26 hospitals
√ Across 79 sites
√ Improving the quality of care for over 18,000 patients
√ Built capacity in implementation with 245 change champions

The ARTIC Program’s model of supporting and accelerating the use of new evidence means we’re able to implement change a lot faster – within two years, instead of 17. A generation is clearly too long for change.
The return on investment in health research is real and measurable. However, to be competitive, we need to be more productive. To be more productive, we need to increase our capacity for innovation. This starts with stabilizing and increasing health R&D investment in both the private and public sectors. As individuals, as a population and as a province, it is in our best interests for the health research enterprise to thrive.

To ensure sustainability, the full costs of research need to be funded, including direct and indirect costs and scientists’ salaries. Conducting research requires funding for the materials used in research such as equipment and lab materials, which are considered the direct costs. It also requires that the base expenses such as scientists’ salaries, and rent, heat and electricity, be funded.

CAHO estimates that only 20% to 25% of base expenses (scientists’ salaries and indirect costs) are currently being recovered from external indirect cost recovery programs. This means that our hospitals are increasingly reliant on their own internal hospital resources to fund research. For example, hospital foundations and income from investments are increasingly filling the gap. Yet these sources of funding are unsustainable; markets are volatile and foundations have a variety of priorities to support.

The sustainability challenge becomes more pressing in light of two developments: first, many granting agencies and health charities that fund health research are reducing their overall levels of investment. Second, many granting agencies are concurrently implementing research models that require cash matches for the direct research costs.

Putting this together, Ontario’s research hospitals are increasingly required to contribute more while recouping less, and receiving less funding overall.

In any business, this is not a sustainable model.

Leading international companies in health care and IT, for example, recognize the value of investing in R&D to drive innovation. Companies like Samsung, Intel, Novartis and Roche invest between 6% and 20% of annual revenues in R&D every year. We can learn from this and apply the lesson to a sustained commitment to health research. The opportunity exists for us to be strategically ambitious in our approach to investment. Together, we need to continue to drive discovery, be strategic in our approach to health research, and translate these discoveries into real value to ensure that our health research enterprise is sustainable.
CONTINUE TO DRIVE DISCOVERY – STRENGTHEN THE PROVINCIAL AND FEDERAL BUDGETS THAT ARE VITAL TO HEALTH RESEARCH

The Ontario Research Fund (ORF) is Ontario’s flagship R&D investment program for infrastructure and research excellence. The ORF contributes 1/3 of the project research costs, while the other 2/3 is leveraged from sources including private sector and institutional contributions. The provincial government’s 2014 decision to commit to multi-year infrastructure investment in the ORF is essential to enabling excellence in large-scale transformative research in the province. It is a bold investment in Ontario’s future economy and competitive advantage for Ontario. Maintenance of the ORF for infrastructure and research excellence is of paramount importance. Together, we should encourage the provincial government to maintain Budget 2014’s commitment to reinvest $250 million in the ORF for infrastructure over three years while also requesting additional, sustained funding for transformative research excellence.

The federal government plays a crucial leadership role in investing in discovery science through the Canadian Institute of Health Research (CIHR), whose programs are undergoing significant reforms. Together, we need to encourage the federal government to provide funding at levels that will allow Canada to continue to be globally competitive in health research.

BE STRATEGIC IN APPROACHING HEALTH RESEARCH

Ontario has a strong history of success in health research. As a community, we can and will be stronger when governments, researchers, industry, funders, universities, hospitals, patients, caregivers and other visionaries share a common vision for health research in the province. To optimize the assets that exist, we need to work together on a Health Research Strategy for the province, to make strategic investments that result in direct returns while preserving space and resources for curiosity-driven research. Ontario’s continued success depends on all of us – we need to work together to deliver an end-to-end research strategy – from molecule, to medicine, to market – a strategy that bridges health research silos and stakeholders.

We need to come together in an intentional way to invest in and support top health research talent, work collaboratively across the health research enterprise, and create a culture change to frame Ontario’s health research enterprise as an integrated system – one that stretches from idea creation through development and evaluation, to adoption and implementation in care, post-implementation assessment, and spread of evidence-based practices.
To realize value from discovery and innovation, we need to implement it. CAHO’s Adopting Research to Improve Care Program (ARTIC) was created to help ensure we use these discoveries right across Ontario. An external evaluation has found that the program made implementation and sustainment of evidence-based interventions more likely, faster and more consistent with the research evidence - it is designed so that when one hospital discovers a new way to provide better care for patients, all CAHO use that knowledge. The Ontario government has invested in this implementation model to address key system challenges across the CAHO hospitals.17

Now is the time to deliver ARTIC across the health care system beyond hospitals – and two opportunities already exist. CAHO and Health Quality Ontario have entered into a partnership to move ARTIC into a provincial platform. And, the December 2014 Report put forth by the Ontario Health Innovation Council (OHIC) referenced ARTIC as a model for consideration to enable and accelerate the adoption of health technology innovation at scale across the entire health care system.18 The Ontario government has committed in Budget 2015 to adopting all of the OHIC recommendations.

CAHO is pleased to offer ARTIC as a provincial resource and key component of Ontario’s evidence implementation pathway. Research and discovery is just the start; in order to truly derive value from our research engine, we need to implement what we know. And implementation at scale across the health care system takes resources and accountability structures. Together, we need to find a way to sustain ARTIC’s impact, through ongoing funding, partnership and accountability to use what we know.
The investments in the health research enterprise have produced widespread and important discoveries that have led to a Healthy, Wealthier and Smarter province. With the support of the provincial and federal governments, health charities, industry and patients, Ontario’s 24 research hospitals are integral to the province’s success, investing $1.4 billion in health research, and home to 16,400 researchers and research staff. This investment generates $3.8 billion in economic output and supports 41,000 total jobs across Ontario.

Ontario’s research hospitals also retain home-grown talent and attract new talent from outside of the province. Collaborations between the researchers and research staff allow for great “meetings of the minds,” generating ideas and knowledge that could only be created by building on each other’s research and expertise.

It is clear: investment in health research delivers a return on investment. Together, we need to drive discovery while also being strategic in our health research investments, and translating discoveries into value. If we’re going to promote investment in health research as a collective, then it needs to continue to deliver real and measurable results. And it does, leading to a Healthy, Wealthier, and Smarter Ontario. Continued success depends on all of us. Thank you for your partnership.

Conclusion

This is all possible. We can make it happen together.

Endnotes

1 Figures are for the 2013-14 fiscal year and are gathered by CAHO from its 24 members as part of an annual exercise to determine the size, investments, and impacts of Ontario’s health research enterprise.


4 Figures are for the 2013-14 fiscal year and are gathered by CAHO from its 24 members as part of an annual exercise to determine the size, investments, and impacts of Ontario’s health research enterprise.

5 For the full story, please visit: http://caho-hospitals.com/research-drives-new-policy-on-blood-glucose-test-strips-could-save-system-100-million/.


7 All figures confirmed in personal communications with staff at Sunnybrook Research Institute, Health Sciences North, and Toronto Rehabilitation Institute (UHN), January 2015.

8 Kingston General Hospital Research Hospital, The First 3 Years…2010-13, Annual Report, 2014.


13 Analysis based on CAHO’s annual exercise to determine the size, investments, and impacts of Ontario’s health research enterprise.


17 For more information about the ARTIC program, please visit: http://caho-hospitals.com/partnerships/adopting-research-to-improve-care-artic/.
