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anadians spend \$200 billion on health care annually. A large sum, to be sure, but most would agree: we'd pay whatever it costs because our health, and that of our families and friends, trumps all. Moreover, good health underpins national productivity and prosperity. But, are we getting the best bang for our tax dollars? Many argue not. Here's the challenge.

We expect the best health care. Not unreasonably, we expect that

\$200 billion is enough to buy the best care. This includes supporting close to 1,000 health care facilities nationwide, along with their staff of health care professionals and the medicines and equipment needed to deliver the best care. Where does the "best" care come from?

Research. Today's discoveries are tomorrow's care. Rates of illness and death caused by disease have dropped dramatically over the last 20 years because of research. We're living longer and better. That's because we're discovering the root causes of disease, enabling the creation of better treatments and technologies.

The portion of our \$200 billion national health care budget which supports innovation toward achieving the "best" health care ensures Canada has an internationally acclaimed body of scientists dedicated to making discoveries and getting them into the Canadian health care system. Although the proportion of investment into the national research and development enterprise arguably should be bigger, the bottom line is that we're not doing very good "business" with the current level of investment.

Why not?

ederal and provincial health economists are looking for "return on investment," appropriately, to ensure that we get the best bang for our buck. Understanding return on investment is simple: it is the value created from our investment. How, then, is value determined?

If you're a patient or family member of a patient in hospital, value for you is the quality of acute care provided after a life-threatening incident, or the lifesaving treatment given for a disease. By this definition, we're doing well in creating value. There is much room for improvement, however, namely in supporting the discovery pipeline that ensures the innovations of medical scientists get into the clinic. The delivery of the best care depends upon this.

Getting Down to "Business"

Before an experimental technology or drug becomes a new treatment, it must be put through the rigours of testing to ensure it is safe and effective, and that it works better and perhaps more efficiently than currently available drugs or technology. In addition, these activities, if harnessed, add another dimension to the value of our health care system: an economic dimension achieved through job and business creation.

Unfortunately, we're not doing nearly as well in getting this knowledge and its products into our health care system, or in capitalizing on the potential economic value from the knowledge that our investment in health research creates.

We could argue, and indeed some do, that we should simply "import" the best health care. But that would only undermine investments already made in health research. Moreover, it would mean the loss of a monumental opportunity – one that if seized would ensure that we have the best health care system in the world, and that we can capitalize on the collateral activities that contribute to the economic stability of our health care system and growth of the knowledge-based economy.

A challenge in achieving this goal of national health and wealth is that for the most part, federal and provincial investments into health care and health research in this country do not inform one another. Do we have too many cooks in the kitchen, or are they not talking one to another? We would propose that both of these issues contribute to an incongruous national funding model.

Funding for health care, research, business development, and all the other collateral activities that need to be integrated to capitalize on our health research investments, is not coordinated. We have multiple agencies, often covering similar ground, under different jurisdictions. And, we do not have a national policy to govern the integration of these activities.

What's the solution?

irst, we need to understand all of the pieces of this puzzle. Then, we must understand the micro- and macro-economics that tether these pieces. Once this catalogue of activities is complete, then and only then will we be able to craft overarching governing policies.

Joining all of the dots, from discovery research, to developing and testing these discoveries, to creating companies or partnering with global leaders in this realm, and finally to delivering the discoveries into our health care system – now that would be an innovative world first!

The time is right as we move forward to renew our national health accord. Innovation is within our grasp. It'll be a bumpy road, but let's fasten our seatbelts and get down to business.