



June 19, 2017 Retreat

Academic Health Network: Montreal Island

Framework and presentations

VP-Dean David Eidelman launched what proved to be a successful afternoon event with an introduction to the Retreat's main purpose and goals, with consideration of the following realities:

- Health care reform has changed our academic landscape and we must pay attention to the impact these changes have on education and research.
- We need to understand what role McGill must play as a partner in this landscape.

To facilitate discussion, five different perspectives on integration were presented:

- *Dr. Andre Dascal* (OPTILAB), *Dr. Wilson Miller* (Rossy Cancer Network), *Dr. James Martin* (Clinical Chairs Committee proposal) - panel discussion #1;
- *Dr. Amélie Quesnel-Vallée* (scholarly view) and *Dr. David Eidelman*: The Faculty's View - panel discussion #2

Dr. Benaroya expertly moderated two very productive panel discussions.

Panel discussion highlights

1. **The “status quo” is not an option.**
2. For McGill and its health network to maintain and augment its reputation as a world-class academic leader, increased collaboration, integration and diminished competition between its affiliated partners is required.
3. We should pursue unified governance structures for academic units where it fits and makes sense. One size does not fit all.
4. McGill faculty members (physicians and health professionals) must increase their participation in medical and health professional organizations and/or Quebec government committees; get more involved in the Quebec landscape.
5. Emphasis on quality and patient-focused care in conjunction with academic endeavours must be the mainstay of any strategy.
6. McGill and each of its affiliated health partners have a very strong and committed community and this community believes in both the *academic* and the *care* missions of its institutions. This community wants to help advance the vision of integration and collaboration presented. The challenge will be in finding the best way(s) in which to harness this strength and commitment.
7. Key success factors for improved collaboration and integration include: i) integrated IT, ii) organizational culture and iii) buy-in from the base.



8. Anything we embark on should be based on best practices with a view to improved quality and outcomes. We should begin with a few pilot projects and find successes to build on.
9. The McGill academic community needs to address French language issues and ensure that all health care professionals can adequately communicate in French.
10. After many failed starts, this version of OPTILAB appears to be on a good path to achieving the ultimate goal of integration and consolidation of laboratory resources and services. Forced consolidations, although not the most desirable, can be navigated. Voluntary integration is immensely more desirable.
11. The Rossy Cancer Network is a great example of where the Faculty should be heading; Urology services was cited as another example. There were, however, some concerns about securing funding resources, as with the RCN, to support integration initiatives.
12. Communication is key. Progress on any project must be clearly communicated to ensure that successes and challenges are understood and not left to perceptions. This includes performance indicators, impact reports, as well as timelines for achieving deliverables.
13. As presented by the Clinical Chairs Committee viewpoint, there are other critical issues to consider, including:
 - a. The dual role of health care providers as clinicians and teachers/researchers
 - b. The creation and maintenance of research programs, including outcomes research, clinical trials and quality measures
 - c. Ensuring excellence in undergraduate, graduate, residency, fellowship, faculty development and other educational activities
14. A new governance model is needed to enhance the clinical-academic relationship. The development of “program-based” services across sites was proposed to facilitate integration of research, training and clinical activities. The “free flow” of clinicians across sites is essential.
15. The organization of services has a very direct link to the academic mission. Training should be adapted to the future health care reality we envision: they must be tightly meshed. Health care services impact on teaching/training and teaching/training must impact on health care services.
16. The Faculty has an important role to play as a partner with its affiliated hospitals in the design, evaluation and delivery of health care.

Conclusion and next steps

The high level of energy and interest conveyed at this first meeting of the many stakeholders in the McGill academic health network underscores the importance and need for our communities to come together. Given the clear desire to do more of this, the Dean confirmed that additional meetings will be planned. The Dean also apologized for any key members omitted from this first meeting, promising a broader list for future gatherings.

An action plan will be developed to advance the objectives and key messages summarized herein. To this end, the Dean mentioned the creation of at least two working groups, with appropriate representation from McGill’s academic and community partners. The mandates of these working groups will be based on: 1) the education mission and 2) clinical and basic research.



Additionally, the Dean has mandated initiatives currently in the early stages of development, which will help advance the objective of integration and collaboration, namely:

1. Cancer Research Summit
2. Cardiovascular Diseases Summit
3. Initiative on Emerging Infectious Diseases

In closing, it is clear that this event will serve as an important catalyst, mandating us to move towards bringing change, increasing collaboration, building teams and breaking down silos, with the ultimate goal of improving the quality of our clinical teaching, research, care and service, in our continued collective pursuit of excellence.