



Research, human resources, infrastructure: Three hospital execs weigh in on where the feds should step in

BY TESSIE SANCI

The “brain drain” is real, say three executives from Ontario and Manitoba hospitals who were in Ottawa on Oct. 17 to help HealthCareCAN make its case for an increase to federal research funding.

“My first doctoral student is now working in the United States running a lab down there because the opportunity did not come up in Canada despite the fact that she really wanted to stay in Canada,” said Dr. Michael Czubryt, executive director of research at St. Boniface Hospital in Manitoba, in an interview with Hill Times Research. “Talk to anyone and you will hear a very similar story.”

HealthCareCAN used its Oct. 17 day on the Hill to make three specific requests.

It wants to see the federal government double its base funding—an injection of \$3.8 billion—to the Canadian Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council of Canada (NSERC), and the Social Sciences and Humanities Research Council of Canada (collectively known as the Tri-Council of research funding agencies).

Also related to research, HealthCareCAN would like to see an increase in the number of federally-funded graduate scholarships and postdoctoral fellowships, and an assurance that those funding opportunities for researchers will be set at a minimum of \$25,000 (for graduate scholarships) and \$35,000 (for postdoctoral fellowships).



Michael Czubryt, executive director of research at St. Boniface Hospital in Manitoba; Dr. David Hill, integrated vice-president and scientific director of Lawson Health Research Institute in London, Ont.; and Dominic Giroux, president and CEO of Hôpital Montfort in Ottawa, were photographed in a meeting room in an Ottawa hotel after speaking with Hill Times Research about the need for more federal funding in research, health human resources and health care infrastructure. (Photo by Tessie Sancsi)

There is also a call for the creation of a \$1-billion “innovation fund” to help health care institutions tackle the health human resources (HHR) challenges made acutely obvious during the COVID-19 pandemic.

And the organization would like to see the government establish an infrastructure fund of \$5 billion for the building of new facilities, and to help established institutions with overdue maintenance and upgrades.

In a meeting room in an Ottawa hotel, Hill Times Research sat down with Czubryt; Dr. David Hill, integrated vice-president and scientific director of Lawson Health Research Institute in

London, Ont.; and Dominic Giroux, president and CEO of Hôpital Montfort in Ottawa, to discuss their perspectives on the need for this funding, and how it could help with the operation of their own institutions.

The following has been edited for length and clarity:

Hill Times Research: Support Our Science [an advocacy group for research students] was recently in town to discuss increasing research funding levels. They say funding for scholarships through the Tri-Councils have not increased in 20 years ... The [federally-commissioned Advisory Panel on the Federal

Research Support System] report [published this past March] says funding has stagnated. It notes that NSERC’s budget is technically lower now than it was in 2007 ... What are we losing as a result of this, and [are there] any real-life examples you can [provide] from your own institutions?

Dr. Michael Czubryt: What we’re losing is opportunity; we’re losing the people that are going to be solving the problems in the next generation ... Students need not only support through scholarships, they [also] need a lab or a clinic to work in. That means they need their advisors to be funded and have projects that are on the go. They also need job prospects when they’re finished their training ... When they see that those options are not necessarily available, they will vote with their feet. That’s already happened.

Dr. David Hill: Two of my children are in science [working] in ... diabetes research. After their first degrees, both of them moved to the [United Kingdom]. They looked at the career prospects, they looked at the opportunity of supervisors getting research grants that would provide them with the resources to do innovative experiments, and then decided that Canada was becoming non-competitive. It’s gotten to the point where at least one of my offspring is planning experiments which I’d love to do here in Canada as well, but, quite frankly, I can’t afford it. CIHR is very unlikely to fund me at the level that would allow ... that type of science to be done. So I’m now non-competitive.

Dominic Giroux: I would add from our specific example of Hôpital Montfort right here in the nation’s capital [that] being able to recruit and retain top talent for medical staff is critical. Increasingly, the new generation of medical staff want to be supported in their teaching and research endeavors. For us to fulfill our provincial mandate,

in terms of French-language health services and to be able to recruit medical staff, we need to have the research supports in place. That's why doubling the investments with the Tri-Council is critical.

HTR: The federal government has [invested] in the Working Together to Improve Health Care for Canadians plan, [announced] on Feb. 7, and the [related] bilateral agreements. HealthCareCAN is calling for a separate fund [for HHR]. As those who work in the institutions, why do you feel a separate fund is necessary?

Giroux: There are undercurrents that are perhaps not as visible to governments and to the public. I'll give you our specific example. At Hôpital Montfort, we have more staff than we had three and a half years ago before the pandemic. However, we have 161 fewer registered nurses and registered practical nurses than we had three and a half years ago. So, we've been successful at increasing the number of allied health professionals and non-clinical staff.

HTR: HealthCareCAN has already named its proposed fund, the Health Human Resources Innovation Fund. Do you have real-life examples of innovation you can share with me?

Giroux: We have implemented new models of care ... In the emergency department, for example, we've introduced pods where you will have a registered nurse lead with a multidisciplinary team to ensure reasonable wait times in the emergency department. [This is] in the context of a shortage of registered nurses. It's tough to implement, obviously, because you're working against professional practices that have been established for decades ... Other hospitals [will] visit Montfort to see what we've learned from that experience, and so forth. But it requires upskilling and it requires training.

HTR: [There's] a call for a separate fund [for infrastructure]. The federal government funds hospitals through the Canada Health Transfer ... Why does the federal government need to have a distinct component for health care infrastructure?

Hill: One reason is that a lot of hospitals have had to fund their equipment upgrades and building upgrades from working capital. And [with] the pressures on the health system at the moment ... working capital is actually being used to support frontline services. Therefore, there's a huge backlog building of infrastructure and outdated equipment which will become a patient safety issue ... So, we need to reset [which would involve] a fund that would allow us to update our equipment rapidly. Certain hospital facilities are very, very old. [The University Hospital in London, Ont., is] now 70 years old and that desperately needs renewal. We cannot just ignore the aging infrastructure because we will become a liability to the operations of the health system.

HTR: Can you define what you mean by [working capital]?

Hill: It's money in the bank

Giroux: Current assets minus current liabilities.

Czubryt: We're doing in a sense [that] old saying of 'don't eat your seed corn.' It's [about ensuring that] stuff that's supposed to be taking us through to the future isn't being used to shore up emergencies now. I think when COVID hit, it really ripped the blinders off folks on how stressed the system [is] ... And [we] were able to get by [on what] we call 'lean operations' and things like that. But the reality is, once this major stressor came along and showed all the problems in the system, one of the areas that got neglected was infrastructure ... Many hospitals, mine included, have a charitable foundation that increasingly is raising money to stop-gap things that probably should have been covered under the health transfers.

Giroux: Just in the city of Ottawa over the next 10 years alone, the population is going to grow by 210,000 people, including 80,000 people aged 65 and older. You can imagine the pressure that's going to put on the hospital system, on home and community care, on palliative care... That's why the provincial investments are not going to be timely enough for the infrastructure needs that hospitals will

face for that growing and aging population.

Czubryt: When you complement that with the numbers on the projected caseload of diabetics coming in the future, metabolic syndrome, and those kinds of things, we're not only going to have older [people], we're going to have sicker patients as well. We need a system that is able to withstand that stress.

HTR: Let's talk about your strategy for today. The government is in a tight spot financially. In August, it [became known] that Treasury Board President [Anita] Anand (Oakville, Ont.) was asking for \$15 billion in cuts [from departments] ... This is a government that is watching the purse closely. What does that mean for your approach today?

Hill: We have to be realistic. And yes, the government is in a tight spot. On the other hand, we have to change the momentum. Certainly on health research, we're on a downward momentum. We're now investing the lowest of all the G7. I think we might be just about equal with Italy now. Whereas every other country has shown an increase in spending in R&D as compared to GDP, Canada has been on a decline for the last 12 years. We've got to turn that around. Can we get from here to where we should be to be competitive in one step? Probably not. Can we do it in one budget? Probably not. But let's set the goal, and then start to move things back in the right direction.

Czubryt: We need to start acting now ... We're not describing issues with student retention and brain drain that are going to happen. These have been happening for quite a number of years now, and it's accelerating.

Giroux: Hospitals were the backstop of the pandemic response. Over the coming years, Canadian hospitals require the people, the researchers, and the infrastructure to be there for Canadians ... in the coming years.

HTR: What would your message be to the government as we are coming out of the pandemic, as we are trying to absorb these lessons [from living with COVID-19] without [returning to] complacency?

Hill: I don't think anybody is going to argue that we desperately needed reinvestments in biotech manufacturing. To not be able to provide our own vaccines in this country was a deep embarrassment. However, we also need to be able to take discoveries that are made in Canada and manufacture them in Canada so we keep the IP [intellectual property] in Canada. None of these vaccines that are being licensed and manufactured in our new factories, none of that IP, none of the profits are going to stay [in Canada]. It'll create some jobs, but we're not controlling that environment. *(Note: Hill is referring to the federal government's biomanufacturing and life sciences strategy, which has involved attracting non-Canadian firms to manufacture their pharmaceutical solutions in production facilities here.)*

Czubryt: We, unfortunately, have a track record of training great people that then go on to make their careers elsewhere; we're also discovering great truths about the world around us that then get exploited in other countries.

Hill: The only thing I would add is, yes, the pandemic needed immediate action where we all came together and dug us out of the hole, but we can't forget all the other debilitating diseases that are affecting Canadians—cancer, diabetes, coronary disease—we cannot ignore those. The number of patients affected by those diseases is increasing, we're living longer, and more of us are going to experience those diseases. As important as being prepared for the next pandemic is, we have to continue to invest in those other health issues.

Giroux: There's no doubt that we just lived [through] a trauma, it will take a long time to recover, and our frontline teams need hope at a time when they're seeing more patients and sicker patients with fewer staff in some cases. That's why we believe—and HealthCareCAN believes—that it's important to invest in innovation for health human resources, invest in R&D for the reasons that [Hill] just outlined, and to help ensure that infrastructure is there to meet the needs of the growing and aging population.