

STAKEHOLDER COMMUNIQUE

Winter 2007

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WELCOME TO THE INTERPROFESSIONAL CARE PROJECT OF HEALTHFORCEONTARIO

In the following pages, you will find the reasons for, and the facts about, a project we think will help change the way health care providers work together, the conditions under which they work and how the changes will benefit health care providers and the people of Ontario.

We talk about interprofessional care—it is another way of describing teamwork between health care providers working together to reach a common goal. We also cover about the scope, mandate of the project, and the resources, commitment, and learning that creates winning conditions for the health care system, health care providers and patients.

Our aim? We would like you to get involved. We hope you'll use this communiqué to help raise awareness about the Interprofessional Care Project within your organization or sector and that you will actively participate in sharing your knowledge and experience as our consultation process unfolds.

Tom Closson & Dr. Ivy Oandasan
IPC Project Co-chairs

WHY CREATE AN INTERPROFESSIONAL CARE PROJECT AS PART OF HEALTHFORCE ONTARIO?

HealthForceOntario is a health human resources strategy which was launched in May 2006. Our mandate is to make sure that Ontario has the right mix of appropriately educated health providers now and in the future. The Interprofessional Care Project (IPC), with its focus on multi-disciplinary teamwork, grew out of this mandate and the realization that:

- Teamwork is required within every facet of our health care system, be it in the education of our health care providers, at the practice level, the organizational level or the system level;
- Teamwork is increasingly an essential element in the success of many key health care initiatives including better wait times, enhanced patient safety, healthy workplaces, improved access to health care providers;
- Teamwork is a “selling point” in stronger recruitment and retention of health professionals, and enhanced well-being for patients and health care workers.

This Strategy is designed to address the shortage of health care professionals in key areas, to create competitive job opportunities and to better equip the province to compete for health care professionals. The government believes that interprofessional care will help enhance healthcare delivery and ensure the system’s sustainability and flexibility.

THE CASE FOR THE IPC PROJECT RESIDES IN UNDERSTANDING THAT:

- Trend data indicates that Ontario faces a significant reduction in its health human resources workforce by 2010.
- Unless new ways of practising health care are introduced, Ontario will face a significant shortage of health care workers and Ontarians will risk receiving sub-optimal care.
- The education system needs to prepare current and future providers to work in multi-disciplinary, collaborative, team-based models.

WHAT IS INTERPROFESSIONAL CARE?

The provision of comprehensive health services to patients by multiple health care professionals who work collaboratively to deliver the best quality of care in every health care setting. Interprofessional care encompasses partnership, collaboration and a multi-disciplinary approach to enhancing care outcomes.

Based upon the complexity of the health issues faced by the patient, IPC describes the process by which multiple health professionals provide comprehensive health services that ensures high quality patient-centred care.

IPC occurs across the continuum of a patient’s care with health professionals who agree to communicate and collaborate regardless of context.

BACKGROUND

Over the last 5 years, a number of initiatives have taken place in establishing the need and urgency for interprofessional care.

- The federal, provincial and territorial governments, through the 2003 and 2004 Health Accord, have identified interprofessional care as a priority for health system renewal. Some Western and Atlantic provinces have already begun to incorporate interprofessional care into their health human resources planning.
- Significant work was done by Health Canada through its February 2004 report on “Interdisciplinary Education For Collaborative, Patient-Centred Practice (IECPCP),” part of the Pan-Canadian Health Human Resources Strategy. The report provides an understanding of the complexities involved in moving interprofessional care forward and the need for stakeholders to work together.
- The Canadian Health Services Research Foundation synthesis report on interprofessional care and teamwork, issued in June 2006, states that in order for effective teamwork to take place, a coordinated effort among key stakeholders across the health care system (e.g. health care providers, organizational leaders, decision-makers) is required to integrate the components that need to occur at all levels of the health care system.
- In Ontario, a series of draft guidelines on collaborative team practices have been developed to provide information and assistance to Family Health Teams. These guidelines include the roles and responsibilities of health professions in assessment, treatment, management, education, referrals and resources.

ESTABLISHING THE IPC STEERING COMMITTEE

The Ontario government sought expertise and guidance in developing and implementing practical, timely solutions to barriers that prevent effective use of health human resources and interprofessional care. The IPC Summit grew out of this search.

After a successful Summit of proponents of interprofessional care in June, 2006, the Ministry of Health and Long-Term Care and the Ministry of Training, Colleges and Universities established an Interprofessional Care Steering Committee in the fall of 2006 to help maintain the momentum of facilitating change. The mandate of the Steering Committee is to develop, by spring 2007, the Blueprint for Action to Advance Interprofessional Care.

The Interprofessional Care Project Steering Committee reflects expertise in interprofessional care and education, senior health care administration, clinical leadership and regulatory and legislative governance as they relate to Interprofessional Care.

The Interprofessional Care (IPC) Project was created to identify examples of innovation and excellence and establish the priorities that will facilitate the systemic implementation of interprofessional care to improve patient-centred care in Ontario.

The IPC Project also comprises three expert working groups who address

- education,
- regulation, and
- organizational structure issues related to interprofessional care.

Face-to-face meetings, research, stakeholder consultations and reports will help shape the Blueprint's development.

IPC - A NEW APPROACH TO ADDRESSING HHR ISSUES

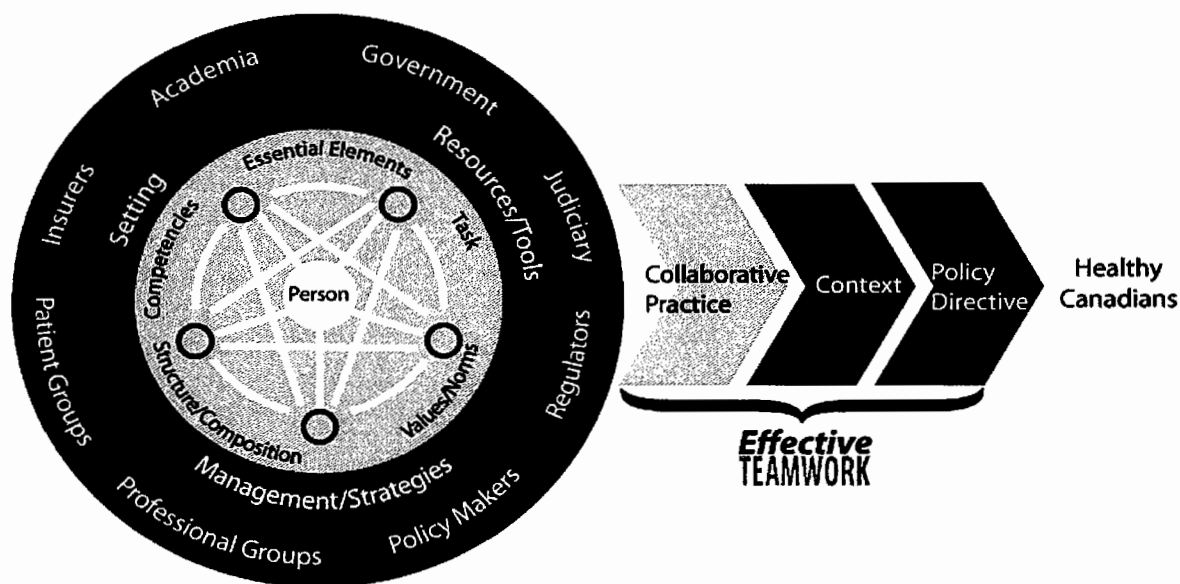
New approaches are needed to address the human resources and financial burden that the existing health care system is grappling with. Interprofessional care promotes the concept of collaboration and teamwork. It is not about creating competition between health care providers or replacing one provider with another. As the province's aging population uses more health care services, it will be important that care is delivered in an integrated, collaborative and coordinated fashion for maximum sustainability and efficiency.

- At the government level, legislative and regulatory reforms need to keep up with changes and trends in the practice environment.
- At the organizational level, the focus has been on the perceived lack of responsiveness and willingness of health care groups to change or work together, which runs counter to the fact that professional groups acknowledge the urgent need for health system renewal and are willing to cooperate.
- Within institutions, support and funding for interprofessional care is fairly minimal due to the operating and administrative costs involved. Flexibility in responding to changing priorities and support for interprofessional care are necessary in order for effective health human resources planning.
- At the individual level, there is a need to change prevailing mindsets on how health care professions can work together given the entrenched attitudes and views on health professions' respective roles. The resistance to change must be overcome in order to create a sustainable health care work force.
- Collaboration concepts can be taught as core knowledge, skills and attitudes to ensure that health care professionals have the capacity and the willingness to collaborate by the time they graduate from their training programs and enter the workplace.
- Collaboration concepts should also be taught to those who are already in practice.

- Interprofessional teamwork requires a group of highly competent individuals who have the patience, personal commitment and energy to move from where they've been, and work together to meet a common objective – the well-being of Ontario's public.

FIGURE 1 – A FRAMEWORK FOR INTERPROFESSIONAL CARE

In order to achieve a system in which interprofessional collaboration is the norm, different levels of the health and education systems need to work together based on the following suggested illustration.



This diagram lays out the elements within each level of the health care system that must interact if effective teamwork is to be developed.¹ For teamwork to be effective, concerted efforts by key stakeholders across the health care system, from health care providers to organizational leaders to decision-makers, are needed. These components and elements will be further explored in the Blueprint.

¹ Canadian Health Services Research Foundation. *Teamwork in Health Care: Promoting Effective Teamwork in Healthcare in Canada*. A Policy Synthesis. June 2006

QUESTIONS AND ANSWERS

What is the IPC Blueprint?

The Blueprint is the document being developed by the IPC Project Steering Committee and its working groups. It will outline the action-oriented priorities that will facilitate the implementation of interprofessional care in Ontario. The Blueprint will provide direction, based on consensus from stakeholders, for how interprofessional care can be implemented within the health care and education systems.

How does the IPC project fit into the government's health care agenda?

The Ontario government has clearly signaled its commitment to enhancing the health care system. Interprofessional care has been identified as a priority in the HealthForceOntario Strategy agenda because of its potential to save the system money, the ability to more effectively utilize health care resources, to improve patient care, and to enhance the working environment for health care professionals and workers.

The establishment of Critical Care Teams in hospitals and Family Health Teams in the community are examples of interprofessional team work at the service of Ontarians.

Isn't the health care system already based on a team approach? How is IPC different?

In certain parts of the health care system, such as parts of hospitals, or Family Health Teams, integrated, interprofessional teams may already exist and work well. However, the continuity of team-based care is often not transferred from one setting to the next. Neither are examples of teamwork consistent across similar parts of the system.

The goal of the IPC project is to change the system in two ways:

- a) Ensure that the patient continues to receive team-based care when they are transferred from one health care setting to another,

- b) Put both the patient and the health care team at the centre of the health care system so that the collaborative approach enhances care delivery for the patient and practice satisfaction for the health care provider.

How will IPC make a difference?

If interprofessional care is implemented in a systemic way, patients, who are at the centre of team-based approaches to care, will see improvements in the way care is coordinated and delivered by multiple care providers. There will be less fragmentation in service delivery, a more seamless approach to providing services and less stress on the patient and their family since their care will be handled by an integrated team.

Providers will see that interprofessional care can improve patient morbidity and mortality. Providers will also see work loads decrease as cooperation increases, reduction in clinical and administrative errors, better coordination, enhanced working environment, better staff morale and increased patient satisfaction.

How is HealthForceOntario working collaboratively to achieve IPC goals?

HealthForceOntario is an example of collaboration at work between two communities, health and education. The health care and education communities understand the importance of working collaboratively to ensure that changes are consistent across the sectors. Both sectors must fully embrace the concept of IPC in order for implementation to be successful. If we believe in the need to have a reformed health care system, then we must train health professionals now for how they will be practising in the future. Thus, the Ministries of Health and Long-Term Care and Training, Colleges and Universities are collaborating to make this approach a reality. Health care practitioners and health care educators are actively engaged in this change process.

How were steering committee/working group participants selected?

The Ministry of Health and Long-Term Care and the Ministry of Training, Colleges and Universities identified subject matter experts and contacted potential participants to determine availability and interest in serving on the Steering Committee. The Steering Committee selected the participants for the working groups many of whom attended the IPC Summit in June, 2006 and expressed a desire to continue the momentum.

What's the process for ensuring that all voices and opinions are considered?

The Steering Committee and its working groups is representative of different organizations within the health care and education sectors. Through the stakeholder consultation, the Ministry of Health and Long-Term Care and the Ministry of Training, Colleges and Universities are committed to hearing the opinions of many to ensure due consideration is provided and a diversity of interests are heard regarding implementation of interprofessional care strategies.

How can I be kept informed about IPC Project activities?

Up-to-date information about project activities can be found at www.healthforceontario.ca/IPCProject or by emailing IPCProject@healthforceontario.ca.

Who's going to oversee the implementation of the Blueprint?

Once the Blueprint has been submitted by the Steering Committee, the Ministry of Health and Long-Term Care and the Ministry of Training, Colleges and Universities become the lead implementation agencies. However, the Blueprint is a public document directed to all parts of the health care system. It is hoped that this document and its recommendations will broaden the dialogue and engagement, and provide ideas and inspiration for change which sees interprofessional teamwork grow in our institutions to the benefit of health care providers and the publics we serve.

When will the IPC project complete its work?

The Steering Committee and working groups are expected to complete their work and present the Blueprint to government in the summer 2007.

How will you measure the success of this project?

An evaluation and measurement system will be used to gauge the success of IPC implementation. At the end of the project, we want to ensure that the Blueprint is comprehensive, yet practical to implement. Implementation results will also be measured.

STAKEHOLDER CONSULTATION PROCESS

Stakeholder consultations are an important part of developing the Blueprint. Our aim is to provide access to information and will be a part of the data-gathering process.

We will also be seeking input from stakeholders that the priorities that have been selected are appropriate and that the strategies for action planning are realistic and practical.

The stakeholder consultation process will be focused on specific questions and topics. Different approaches will be used to engage stakeholders, including web-based communication, focus groups and meetings.

IPC GLOSSARY OF TERMS

Blueprint for Action: The document being developed by the IPC Project Steering Committee and its working groups. It outlines the action-oriented priorities that will facilitate the implementation of interprofessional care in Ontario. The Blueprint provides direction, based on consensus from stakeholders, for how interprofessional care can be implemented within the health care and education systems.

Collaborative Patient-Centred Practice: “promotes active participation of each health care discipline in service delivery. It enhances patient and family centred goals and values, encourages continuous communication among care givers, optimizes staff participation in clinical decision making and fosters respect for disciplinary contributions made by all professionals” (Health Canada, 2003).

Collaborative Practice: is defined as “an interprofessional process for communication and decision-making that enables the knowledge and skills of care providers to synergistically influence the client/patient care provided.”(Way, Jones, & Busing N, 2000b) Collaborative practice is interlinked to the concept of teamwork.

Interprofessional Education: occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of patient care. This can occur anytime within the health care worker’s career (training, post-graduation in the practice-setting through continuing education and professional development.

Health Care Providers: are defined as regulated and unregulated health care providers, personal support workers, caregivers, volunteers and families who provide health care services at the organizational, practice and community level.

HealthForceOntario: is a provincial strategy that was launched in May, 2006 to help address the shortage of health care professionals in key areas, to create competitive job opportunities and to better equip the province to compete for health care professionals. A key initiative of the strategy is to support health care providers to work collaboratively in their workplace, thereby strengthening the health workforce.

Interprofessional Care (IPC): is the provision of comprehensive health services to patients by multiple health care professionals who are trained to work collaboratively to deliver the best quality of care in every health care setting. Interprofessional care encompasses partnership, collaboration and a multi-disciplinary approach to enhancing care outcomes.

Team: is a collection of individuals who work interdependently, who share responsibility for outcomes, *who see themselves and who are seen by others* as an intact social entity embedded in one or more larger social systems (for example, business unit or corporation), and who manage their relationship across organizational boundaries. (Cohen SG and Bailey, 1997)

Teamwork: describes an interdependent relationship that exists between members of a team. It is an application of collaboration. “Collaboration” deals with the type of relationships and interactions that take place between coworkers. Effective teamwork applies to healthcare teams that apply collaboration within their work settings. (D’Amour, 2004).

STEERING COMMITTEE PARTICIPANTS:

Membership in the Interprofessional Care Steering Committee is comprised of experts in the field of policy, education, regulation and organizational structure and who have demonstrated leadership in interprofessional care. Here is brief information on the Committee.

Chairs:

Tom Closson – Co-Chair: Tom Closson is a health care management consultant and the former President and Chief Executive Officer of the University Health Network (UHN), a partnership of three teaching hospitals in downtown Toronto. Mr. Closson's deep health care leadership experience includes senior roles in British Columbia as President and CEO of the Capital Health Region, and President and CEO of Sunnybrook Health Sciences Centre. An engineer by training, Closson is currently on the Finance Committee of the Canada Health Infoway Board.

Dr. Ivy Oandasan – Co-Chair: Dr. Oandasan is an Associate Professor and Research Scholar with the Department of Family and Community Medicine at the University of Toronto. In January 2006, she was named Director of the Office of Interprofessional Education at University of Toronto. She co-developed the theoretical framework for interprofessional education and practice for Health Canada in 2004, which is widely used across Canada. Dr. Oandasan speaks widely on interprofessional education and collaborative patient-centred practice across the country.

Committee Membership:

Dr. Louise Nasmith, chairs the Education Working Group. A family physician, Dr. Nasmith was the Chair of the Department of Family Medicine at McGill University and is currently the Chair of the Department of Family and Community Medicine at the University of Toronto. Beginning June, 2007, she will assume the position of the Principal of the College of Health Disciplines at the University of British Columbia. She has been involved in a number of projects that focus on integration of care for chronic illness and on interprofessional care and education. An active member of The College of Family Physicians of Canada (CFPC), Dr. Nasmith served as the College's President for a one-year term in 2005. She is a member of the National Expert Committee on Interprofessional Education Care for Health Canada.

Jan Robinson, chairs the Regulation and Liability Working Group. She is currently Registrar and CEO of the College of Physiotherapists of Ontario and brings more than 13 years of professional self regulation experience to the role. She was previously the first Registrar of the College of Occupational Therapists of Ontario. Ms. Robinson is a current Board member of the Canadian Alliance of Physiotherapy Regulators, past President of the Federation of Health Regulatory Colleges of Ontario and is Immediate Past Chair of the Ontario Regulators for Access, an interprofessional coalition interested in improving access to professions for internationally educated professionals.

Dr. Judith Shamian, chairs the Organizational Structure Working Group. She is the President & CEO of VON Canada. She is the previous Executive Director of Nursing Policy with Health Canada and the inaugural Co-Chair of the National Expert Committee for the Interprofessional Collaborative Patient-Centred Initiative. She serves on several national and international committees that are concerned with

health services and systems knowledge and policy development. Dr. Shamian served as Vice-President at Mount Sinai Hospital in Toronto for 10 years and is a Professor in the University of Toronto's Faculty of Nursing.

Cathy Fooks, one of Canada's top health policy researchers, is President and CEO of The Change Foundation, a leading health research foundation. She formerly served as the Executive Director of the Health Council of Canada. She has served in senior policy and research positions at the College of Physicians and Surgeons of Ontario, the Institute for Clinical Evaluative Sciences and the Government of Ontario.

Dr. Michael Gordon is formerly Vice-President of Medical Service at Baycrest Geriatric Health Care System. He is medical director of the Palliative Care program at Baycrest, a professor of Medicine at the University of Toronto and a former member of the National Advisory Council on Aging. He is a regular contributor and commentator on the elderly for various TV programs and radio shows. Dr. Gordon is widely published and is a co-author of *Parenting Your Parents*. He is a member of the University of Toronto Joint Centre for Bioethics.

Marg Harrington is Director of the Office of Health Sciences at the Council of Ontario Universities (COU). She joined COU in 1999 as a policy analyst in the Office of Health Sciences and assumed the Director position in 2005. Prior to COU, she worked in nursing regulation for the College of Nurses of Ontario. Harrington holds a Public Policy and Administration undergraduate degree and a Master's Degree in Health Studies.

Dr. Carol Herbert is Dean of the Schulich School Medicine and Dentistry at the University of Western Ontario. First appointed Dean in 1999, Dr. Herbert provides leadership and strategic direction for the School's 21 departments as well as Dentistry, more than 1,500 faculty members and 1,250 students. She is co-chair of the National Expert Committee on Interprofessional Education for Collaborative Patient-Centred Care for Health Canada. Previously, she headed the Department of Family Practice at the University of British Columbia. She is on the Boards of London Health Sciences Centre, St. Joseph's Health Care London, Lawson Health Research Institute, Robarts Research Institute and the Canadian Medical Hall of Fame.

Rosemary Knechtel has several years of senior leadership experience with Mohawk College in Hamilton. She united the Health Sciences faculty, students and staff in the Mohawk-McMaster Institute for Applied Health Sciences in 2000 in her role as Executive Dean, Health Sciences and Human Services. She has served on several provincial and national committees that are concerned with health sciences education and college policy. Since May 2006, Ms. Knechtel has assumed the role of Vice-President Academic at Mohawk. She has a degree in Nursing from the University of Western Ontario and a Masters in Science degree (MScT) from McMaster University.

Mary Catherine Lindberg is currently the Executive Director of the Ontario Council of Teaching Hospitals; an organization of 25 Academic Hospitals that are fully affiliated with a University and their Faculty of Medicine. Prior to retiring from the Ministry of Health and Long-Term Care, she was an Assistant Deputy Minister with responsibilities for registration and eligibility for OHIP, for payment to physicians, the Ontario Drug Program and the Laboratories. Some of her major activities were the

development and introduction of the Trillium Drug Program, leading negotiations for the government for physicians, pharmacists, chiropractors, physiotherapists, optometrists and private laboratory owners, as well as serving on many intra ministry committees including the committee that draft the Ontario government's Strategic Plan for Information and Information Technology. Ms. Lindberg has a degree in pharmacy from the University of Saskatchewan and has her pharmacist's license in both the province of Saskatchewan and Ontario.

Deanna Williams is the Registrar at the Ontario College of Pharmacists. After graduating as a pharmacist in 1976, she acquired practical experience in many pharmacy settings, including hospital, community and the Ministry of Health as Policy Coordinator with the Drug Programs Reform Secretariat. Prior to assuming her position as Registrar, she held the positions of Director of Programs, and then Deputy Registrar at the College. In 2003-2004, she serves as the first Canadian President of the Council on Licensure, Enforcement and Regulation (CLEAR) and is currently President of the Federation of Health Regulatory Colleges of Ontario.

Martin Hicks: Mr. Hicks has been a civil servant in Education for 20 years. Currently, he is the Director of the Universities Branch in the Postsecondary Education Division, Ministry of Training, Colleges and Universities

Marsha Barnes has led the Ministry of Health's programs in primary health care renewal for the past 10 years. She is currently the Executive Lead of the Primary Health Care Team and Family Health Teams. Prior to this she held other senior positions in the Ministry of Health and Long-Term Care, including Director of the Alternate Payment Programs Branch, Director, Primary Care Reform and Facility Payments and Policy, Director, Provider Services Branch, Project Manager, Independent Health Facilities, and Manager, Independent Health Facilities, and Analyst, Corporate Policy. Prior to joining the Ministry, Marsha worked in several health planning positions with the Toronto District Health Council.

Marilyn Wang: is the Director of the Health Professions Regulatory Policy and Programs Branch, Health Human Resources Strategy Division. She has the responsibility for the regulation of health professionals and developing programs and legislation in support of health human resources development and management. She has been with the provincial government for over 25 years holding a number of senior positions with the Ministry of Health and Long Term Care. She also spent several years away from the Ministry, as Director of Policy Analysis and Director of Registration at the College of Nurses of Ontario. She was also the Operations Manager of the Pension Plans Branch of the Financial Services Commission of Ontario.

EXPERT WORKING GROUP PARTICIPANTS:

The following is a list of working groups and their members who provide support to the Steering Committee. The working groups' role is to develop the specific priorities and action plans that will advance interprofessional care from a regulation, education and organizational structure perspective within health care and practice settings.

Regulation Working Group:

Jan Robinson, Registrar, College of Physiotherapists of Ontario, Lead

- Zubin Austin, Associate Professor, Education Research in the Health Professions, Faculty of Pharmacy, University of Toronto
- Anne Coghlan, Executive Director, College of Nurses
- Susan Donaldson, Former CEO, Ontario Association of Community Care Access Centres
- Rocco Gerace, MD, Registrar, College of Physicians and Surgeons of Ontario
- Willi Kirenko, President, Nurse Practitioners' Association of Ontario
- Barb LeBlanc, Executive Director, Health Policy, Ontario Medical Association
- Deb Saltmarche, Vice-President, Policy and Professional Practice, Ontario Pharmacists' Association
- Jackie Schleifer Taylor, Director, Health Disciplines Practice and Education, St. Michael's Hospital
- James Sproule, MD, Director, Physician Consulting, Canadian Medical Protective Association
- Barbara Sullivan, Chair, Health Professions Regulatory Advisory Council
- Frank Schmidt, Manager (A), Programs Policy Unit, Health Professions Regulatory Policy and Programs, Ministry of Health and Long-Term Care

Education Working Group:

Louise Nasmith, Professor and Chair, Department of Family and Community Medicine, University of Toronto, Lead

- Alexandra Harris, President, Queen's Health Sciences Students' Association
- Kenneth Harris, MD, Chair, Post-Graduate Education, COFM, University of Western Ontario
- Milka Ignjatovic, President, Interprofessional Healthcare Students Association
- Linda Jones, Clinical Instructor, School of Nursing, University of Ottawa
- Renee Kenny, Dean, School of Community and Health Studies, Centennial College
- Bev Lafoley, Manager, Health Sciences Clinical Education, Northern Ontario School of Medicine
- Kathleen MacMillan, Dean, School of Health Sciences, Humber Institute of Technology and Advanced Learning
- Sioban Nelson, Dean and Professor, Faculty of Nursing, University of Toronto
- Margo Paterson, Associate Professor and Chair, School of Rehabilitation Therapy, Queen's University
- Mary Preece, Provost and Vice-President, Academic at The Michener Institute
- Scott Reeves, Associate Professor, Department of Family & Community Medicine, University of Toronto, Director of Research, Centre for the Faculty Development, St. Michael's Hospital, and Scientist, Wilson Centre, University Health Network
- Peter Walker, Former Dean, Professor, Faculty of Medicine, University of Ottawa
- Frances Lamb, Manager, Policy and Programs, Universities Branch, Ministry of Training, Colleges and Universities

Organizational Structure Working Group:

Judith Shamian, President and CEO, Victoria Order of Nurses, Lead

- Helen Angus, Vice-President, Planning and Strategic Implementation, Cancer Care Ontario
- Paula Burns, College of Respiratory Therapists
- Marilyn Emery, CEO, Central East Local Health Integrated Network (LHIN)
- Linda Haslam-Stroud, President, Ontario Nurses' Association
- Ruby Jacobs, Director, Health Sciences, Six Nations of the Grand River
- Vickie Kaminski, President and CEO, Sudbury Regional Hospital
- Louise Lemieux-Charles, PhD, Chair, Department of Health Policy, Management and Evaluation, University of Toronto
- Camille Orridge, Executive Director, Toronto Community Care Access Centre
- David Price, MD, Chair, and Associate Professor, Department of Family Medicine, McMaster University
- Bill Shragge, MD, Chief of Staff, Niagara Health System
- Mary Beth Valentine, Assistant Deputy Minister, Health, Social, Education and Children's Policy, Cabinet Office

CONTACT INFORMATION

All inquiries, comments and feedback about the IPC project should be directed to:

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