AMS - CM - EP12 - Dr. Danielle Martin

Helen 0:00
I'm here with Danielle Martin. What a pleasure to have you join us on this podcast.

Danielle 0:04
Thanks, Helen.

Helen 0:05
So I was thinking about spending some time with you, which I was been really looking forward to. First of all, you're one of Canada's most respected and influential thought leaders in healthcare, and I certainly have looked to you as a beacon of common sense and good advice in my career, and I thank you for that. I thank you for coming. It also feels like you're nicely mid career, so you've got lots of chapters ahead of you.

Danielle 0:29
One hopes.

Helen 0:30
I look forward to see what your how you continue to shape health policy in Canada. So as I was thinking about this, I thought what motivated you to become, first, a practicing primary care physician, but not that many make the leap into really shaping the rules of the game and thinking about healthcare and its broadest context and systems issues. And so what motivated you to become who you are?

Danielle 0:59
Yeah, it's a funny story, because actually, in my case, I would say my trajectory was the inverse of the usual progression. So we often hear about clinicians who sort of go into practice and see all of the challenges and problems and are compelled to get involved in leadership. But I when I finished my undergrad, I needed a summer job, and through someone I knew, I ended up in a unexpected job as a legislative assistant at Queen's Park, working for the health critic under the liberal health critic Gerard Kennedy at the time under the Harris government. And that was my first real job, you know, other than like, slinging drinks at a bar or whatever, and I had not decided what I was going to do with my life, but I became completely obsessed with healthcare policy. And I learned this was, these

were the days of the health services restructuring commission. There was a lot going on in healthcare in Ontario. And I read things and I learned things, and I thought to myself, at some point, it sort of extended. Became longer than just a summer, and at some point I thought to myself, you know, I think this is where I want to spend my life in trying to improve health systems. And I think the only way anyone will ever care. What I think is if I am a doctor, so I applied to medical school. From that perspective, I wanted to help to address and shape some of the challenges in the system. And I honestly at the time. I mean, you know, I was so young you look back on your younger self, and I didn't think I would ever practice medicine. I thought I thought I would be like one of those people who goes to law school and then immediately goes into business or something and never practices law I thought I would go to medical school so I could come to understand and respect what the front line is like and immediately transition into leadership, administration, policy, etc. And this unexpected thing happened to me, which is that I fell in love with family medicine. I have really come to love this sort of, what I think like to refer to as the bifocal life, you know, up close with my patients in my practice, my small group of 500 people who I've been with now for 20 years, and then the leadership work that I do, but in my case, it was the clinical work that came later and was shaped by my passion for improving the system.

Helen 3:31
That's really interesting. As you're talking I'm also thinking about my own experience was I took a course called Power and Strategy in City Politics, and I interned with Anne Alderman down at Toronto City Council, and I think I got the bug then.

Danielle 3:46
Yeah. It's amazing how it gets into those jobs, those jobs that are full of 20 something, you know, idealistic people, and you sort of work 20 hours a day, and you know, they really shape you. And I am so grateful that I had that early exposure to the messiness of the policy process, it actually ended up shaping my life in, you know, ways that I could never have predicted.

Helen 4:09
You're also really good at it. You're good at advocating for a better health care system. And so how did you develop the skills, or what's your recipe for being a successful advocate for health system change?

Danielle 4:23
Well, I went back to school, actually, when I had been in practice about seven years, I went back to do my Masters of Public Policy, because I felt like I had sort of come to really understand the frontline perspective, if you can call it, that, the clinical universe. But I was still missing some language and some my undergraduate was an honors biochem degree, like I didn't know anything about economics. I had never studied how like social policy. There was all this stuff that I didn't know. And so I think for me, the advocacy work stems from what I probably learned in those very early days, and certainly in medicine, which is every issue needs data and a face. You need to understand the people the person. You need to be able to picture the person. When I wrote my book, I did it that way too, like cases real people, or mash ups of real people, but that's got to be paired with the evidence and the data. And I think that that is, I mean, that's what should influence, and usually does influence public policy, is that the dance between the impact that issues have on actual people's lives, but it cannot be a supplement for the data and the evidence. The two must go hand in hand.

Helen 5:37
It's the packaging often. And then, certainly, as a public servant, we often would, exactly as you say, present the data, but also make it real to a politician about how they were going to impact the lives of real people by either doing a case study on a particular individual or a phenotype of a person.

Danielle 5:55
Yeah. I mean, I remember at one point being in a maybe you were even on that committee. I won't name what the committee was, but I was at a committee that had sort of fancy system leader types and lots of doctors and folks around the table, and someone got really activated around a policy change that they felt government needed to do. And was, I think, actually, literally, there was a fist slamming on the table like very intense. Thing about this is what the evidence says, and government should do what the evidence says. And I just thought to myself, like, you know, I mean, of course, evidence is a really important input to the policy process. It should be, but so is the lived experience of people on the ground. So is feasibility, so is conversations about trade offs. So our values, you actually wouldn't want to live in a world where evidence was the only input to public

policy. We need to take all of these other important factors into consideration. And actually that's called democracy.

Helen 6:59
Exactly. I wish I had you as my ally at times during the pandemic, because my team would be watching conversations happen, and they had the evidence about, you know, and sometimes the evidence is a little thin, right? In terms of a forecast about how many cases there's going to be in a pandemic next week or the week after in a month, I was, you know, this is not a world run by technocrats. These are real people, politicians trying to make big decisions, and they're weighing off not only likely health impacts, as good as the modeling was, but also the impacts on business and impacts on the long term health of children versus the short term health of children. And it was hard to navigate the evidence and the varying levels of evidence and everything else. And I'm kind of glad democracy has the decision making that it has.

Danielle 7:50
Right. Those are the things that protect us from our own hubris.

Helen 7:53
Exactly, exactly. And I'm not sure that you know, even the best public servants understood that at times they just wanted the evidence to be driving the decision. And the fact that it was much more complicated than that, given the speed of decision making, kind of made it...

Danielle 8:08
Challenging. Yeah, exactly. I mean, I don't envy you. Those conversations, those were really, those moments in the pandemic were, were great case studies of these multiple, multiple threads that get braided together to drive decisions.

Helen 8:24
Yeah, absolutely. I'm interested in sort of you've done some thinking about mentorship. What role has that played in your career, and how are you now paying it forward to a new generation of either aspiring health policy influencers or emerging family physician leaders.

Danielle 8:42
Like everyone, I think, who has the privilege of sitting in leadership roles, I didn't get to any of those places on my own. I've had amazing mentors, but there's two kind of formative things for me about mentorship. One was very early on in my career, like actually, when I was a medical student and I was a med student activist and I was president of the Canadian Federation of Medical Students, and, you know, active on tuition increases and in med school and stuff like that. And a leader at the OMA at the time pulled me aside and said, "Who are you mentoring?" And I was, "What do you mean? Like, I'm 12, or whatever, like, I've got no game. Who can I...? And he said, as soon as you are in a position to be doing any kind of leadership or advocacy work, and what you are doing right now is leadership and advocacy work, you need to be spending half your time mentoring others.

And so he kind of yanked me out of this assumption that I had, that, you know, sort of the first part of your career is for being mentored, and then the next part of your career is for mentoring that actually, we're all in that bi directional mentor/mentee relationship with people our whole careers. So that was a very formative moment for me to kind of own that I had something to give. To people even early in my career, when I still felt like I was still learning. And of course, the ill kept secret is, as you get further in your career, you realize you still feel like you don't know anything you look you still are looking around for the grown ups in the room.

Helen 10:16
And so you realize that they're all looking at you!

Danielle 10:18
Exactly. There are none. So trying to, you know, do my best to open doors and be willing to think through things with someone, even when you don't sort of imagine yourself to be yet in that situation. And then the other thing that, the other experience that I had was early in my career, when we were launching Canadian Doctors for Medicare, which was a big chapter of my leadership journey, an organization that still exists and does great work. I called up a bunch of people I had never met who were really senior leaders in Canadian healthcare, physicians across Canada. You know, this one has the Order of Canada, and that one was in charge of a Royal Commission, and this one runs a big agency, and that one's a former dean of a medical school, and I called them up and said, variations of, I know you don't know who I am, and you've never met me, but there's this really important thing

happening in Canadian healthcare. You know, Brian Day had just been elected president of the Canadian Medical Association, there was this mounting feeling that Canadian physicians had sort of given up on public health care. We wanted to push back against that. And so I called up these real luminaries in my profession and said, Will you join the founding board of this organization? And they all said yes and took a risk with their own reputations to stand up with this young person who I mean, I was a really untested, unproven leader at that stage of my career, and I will remember that always, many of those folks are still mentors to me, they all helped to build the organization, and I try to... the paying forward of that is about the lending of your reputation to others and taking a risk. When you see a young, younger, emerging person taking a risk to do something that you know is important and they don't. They won't have the track record or this CV or the whatever to know for sure that they can do it, that there is absolutely no point in having a reputation that you have built if you're going to keep it for yourself. It should be. It is your best tool for helping others. And so putting your name on stuff, showing up to things, signing letters of reference, you know, meeting with somebody who has no fancy credentialing reason why you should those things are really, really important.

Helen 12:51
Yeah, it's amazing how enjoyable and how impactful that can be. And watching your mentees start to kind of emerge in their career, and you think, Oh, maybe I had a small part of somebody's massive success, or average success. Yeah, it's just so heartening, right? And maybe I'm now in a phase of career where that's all there is left, but it's, it's really one of the best parts of having had a career.

Danielle 13:18
That's right to know that some person can say, well, the former Deputy Minister of Health has signed on to my project, or whatever, and that that might have had a role in getting them their first grant or their first interview, or that's the whole point.

Helen 13:32
I almost never say, no, I can't think of a time, which means I'm on a little ragged on occasion. But for sure, if I think about getting to distill it down, if you were to sort of have a mentee here sitting with us, I don't want to put

words in your mouth, but "Be brave. Be ambitious. Use your network." What would be your like? Top couple pieces of advice?

Danielle 13:57
Oh, to me, the most important thing is know yourself. The number of people who've come into my office and said, You know, I have all these degrees and whatever, but I'm thinking, maybe, should I do an MBA, or should I do an MPH? You know, which letters should I tackle next? And I always half jokingly, but not completely jokingly say some variant of, "Could you take all of the money you were going to spend on tuition for that third or fourth degree and instead use it to go to therapy, to get to know yourself?" Because actually, understanding your blind spots, your fears, your impact on others, your triggers to use an overused word, yet it's so true, the places where you're happiest and contributing most. I mean, that's what makes an effective leader and learning to let go of the things that you're never going to be good at and accept those things about yourself, and then the way in which that opens up space. To find people who are good at those things and partner up with those people, and build teams of individuals with complimentary strengths like that's, I think, great leadership. It's not about getting from a B to a B+ on whatever it is that you're never going to be an A at. It's about spending as much time as possible doing the thing that you are an A+ at and then working alongside incredible, extraordinary people who are A+'s at those other things. But that requires a capacity to really be honest with yourself about who you are and who you're never going to be and find peace with that. And I actually think that's the, I mean, that's the hardest work about being a human, but it's definitely the hardest work about being a leader.

Helen 15:46
Yeah, yeah, that's a much better advice. I might steal that. Thank you.

Danielle 15:51
Go for it!

Helen 15:52
No, much better advice than I have probably given my mentees. I think often I try to say, you know, follow your passion, find work that has ambition, you know, like, really, you know, dig into it, commit to it, and don't spend your if you're you know, if it's not that interesting, don't spend your

time on some job that pays the bills but isn't interesting if you actually have ambition for something else.

Danielle 16:19
I think that that's also great advice, and also speaks to the importance of the letting go. Let go of the stuff that you're not that into. Let go of the stuff that you're not that good at. Spend all of your time on the things that matter the most to you and the things that you're great at, and don't be embarrassed about being great at those things. And this not to get over gendered, but I think that there is work still for many women to do around the, you know, all of the I mean, it's true actually, across the whole Gender Spectrum. That thing of you ask somebody for their strength, and they immediately tell you their five weaknesses. No, like what everyone's got a gift. What's your gift? What are you amazing at? Do that.

Helen 17:05
It's great advice. We've also had a number of different leadership platforms. I think if I sort of go back to where I first met you, probably at the time when you were at Women's College. Now you're running the largest Family and Community Medicine program in the world. In the world, how many?

Danielle 17:22
We have two... more than 2000 faculty members, hundreds and hundreds of learners. Yeah, it's big.

Helen 17:28
Amazing. Those are important platforms. And how are you preparing the next generation? We've talked about mentorship, but in terms of the programming, obviously, healthcare is changing. We've has been a really important part of that, that's the for those listening, that is the sort of the technology assessment function at Women's College that really is looking at digital health. What was in your mind when you set that up?

Danielle 17:53
I mean, I had a great partner in crime on that one, Sasha Bhatia, who, himself has had an extraordinary continues to have an extraordinary leadership career. We had a lot of fun. I mean, I think I'm a startup kid, you know, I'm happiest when I'm starting something new, building a new team,

advancing a new mission. And at the time that we started that Women's College Institute for Health Systems Solutions and Virtual Care, a mouthful. So we call it WIVVE, there wasn't really a lot of attention being paid to what a hospital institute could do to ascertain what technology should be adopted in health systems. And I don't mean doodads like implants and stuff like that. I mean online CBT, Cognitive Behavioral Therapy for mild to moderate depression and anxiety, or apps in you name it, any variety of spaces you know, thinking about the use of technology as healthcare interventions and asking, Where are these good investments of public dollars? And we really wanted to, as you were just saying, like, pick big problems. I love working with people who have that perspective on the world, like, pick the biggest one you can find. Let's tackle that one. And I think for me, actually moving over to the university now and working in primary care, which is, you know, education, research, innovation, thought leadership, public policy advice in the space of primary care. I mean, I came over because it is, in my opinion, the issue of our time in our health system, if we cannot build enough hospital beds, emergency departments, long term care beds, to make up for the shaky foundation of family medicine and primary care and our health systems in Canada. If we don't fix that, we will never improve health outcomes at a cost we can afford. Yeah, I think that that what ties these things together is really that excitement about tackling a really, really big problem.

Helen 20:03
Well, primary care is a big problem in this country at the moment. And I went back and I looked at your six big ideas. And I would note the number one big idea that you had was to have a sort of a relationship focus, like a defined relationship with between every Canadian and a primary care practitioner.

Danielle 20:28
Yeah, that was 2017, and so it only took eight years for it to be the declared policy of the Government of Ontario. Not that I get any credit for that, but it is something that I mean, of course, I'm a family doctor, so it is a it is close to my heart, but I chose a career in family medicine because the evidence is so compelling that health systems built on a strong foundation of primary care produce better health outcomes, more equitably and at lower cost than health systems that are not based on the strong foundation of primary care. So look, that evidence has been there for decades, and we have danced around solutions to the challenges that we've got. I do feel now

hopeful. I am trying to transition myself and the teams I work with from a narrative of crisis to a narrative of hope in family medicine and primary care. I think we have sufficiently documented the problem space. I'd rather not spend any more time there. I would like to be focused now on the solution space. And there's like, absolutely it is not magic. We know what needs to be done. We just need to get doing it. So, yeah, I should go back and reopen my reopen my book, actually, and see if I can pull some little tidbits out of there for an op ed or something.

Helen 21:58
There's some good ideas in there having just looked at it, more than a few good ideas, some excellent ideas. So how do you prepare? I mean, obviously the world is going to change. It's great to see a commitment to primary care. But I also think that the world is also moving along in a way. Three years ago, we didn't have digital scribes, just as an example, working in teams, working in teams that have more data, potentially more AI, applications and uses, is going to probably be the norm. I don't know that any of us really understand how disruptive some of the technological advances will be in healthcare. How do you prepare as an educator now? How do you prepare the workforce? What are the things that you focus in on?

Danielle 22:44
My, the education experts in my department, who are extraordinary scholars of how to do this, talk about adaptive expertise. And so this idea that actually family medicine is so well positioned to do this, because the whole foundation of primary care and family medicine is about managing uncertainty, vague symptoms, early presentations of disease, things which might resolve on their own or which might get really bad really quickly, multi morbidity, the interplay between social and organic and emotional contributions to the way that a person is feeling like that mucky, uncertain reality that we live in as people is, is the world of family medicine. Like by the time you get to see the cardiologist, you probably have a cardiac problem, but when you walk into your family's doctor's office, it could be any number of a long list of things. And so what we need to be teaching is not the, not solely the details of what the guidelines say you should do for this or that, but rather, how do you approach a problem that is new, you know. So learning about how to learn continuously, although that look, it's a bit trite to say, but it really is true. How to think about problems, how to think about intersections of problems, how to prioritize this famous study

that says, if you take the average family doctor and the average panel of patients and just adhere to the guidelines for the common chronic diseases and preventive care you would work 27 hours a day, and that's before anybody shows up feeling sick, right? That's just for the management of their diabetes and depression and hypertension and making sure they get immunized or whatever. So people are not accumulations of body parts. They are something more than the sum of those body parts. And that's the that's the world of Family Medicine, and that's what AI will never be able to replace. Actually, like I believe we're the last discipline that will be left standing after the computers take over everything, because you cannot. There's no the integration function. Um, that when, when we do it well, which admittedly is not all the time, but when we do it well, that's what the that's what the function is.

So that is what we need to figure out how to help our learners with. Is like knowing what your job is as a family doctor when you're dealing with a whole person, and that dance of priorities and, well, I've got seven I came in because I just, I have a list of seven in my 15 minute appointment. And also that's before we realized you weren't, haven't had a tetanus shot, and your blood pressure is high today. How do we do that? That's the skill set that we have to help our our people learn.

Helen 25:38
And do you find, I mean, as you're talking I'm also thinking about the work, you know, that Sophia Ikura did, and she was on a previous podcast in the high priority communities, and the work that they did on that was really, you know, we weren't just going to have a conversation about a vaccine. We're going to actually have conversations about a whole bunch of other things all the same time. How do you train people to have an interest? Because clearly, access to primary care is challenging in more parts of the province. So how do you kind of get an interest in the equity dimensions of access to primary care? Is that part of the training? Are they just naturally?

Danielle 26:12
Yeah. I mean, I think yes, I think that there is some self selection bias there. I think people who care about those issues are more likely to choose, and not just family medicine and primary care, but certainly it would be at the top of the of the list for you know, alongside public health and psychiatry and others, I think it's more like, how do we help people... like, you can't fix everything in the family doctor's office,

Helen 26:39
Right.

Danielle 26:40
And we are seeing more and more social problems showing up in clinical practice. It is a it can be a recipe for burnout, because it can be hard not to feel helpless when it's so obvious that the issue is not... A patient this week, you know, he's can't afford to take his medications, and now he's got a diabetic foot ulcer, and I'm you can't take time to go to appointments because he's driving an Uber like, you know, this is an actual person in my practice. I mean, what is my prescription going to do for this guy? So I think that part of the future what we need to be working towards when we talk about integration between health and social services or multi disciplinary teams, which are kind of buzz wordy and don't mean a lot in and of themselves, but really like what we're talking about is if a person shows up and it's clear that their issue is beyond the scope of what my medical degree is best suited to deal with, how do I still help them? And the answer has got to be like, I work with a social worker, and there's a publicly funded PharmaCare program, and there's a home care service in his community, and there's some form that somebody can fill out to get him whatever assistive device it is in his car. It can't be that I am doing all of those things a well architected system would include. And that's what we mean when we say integration, and that if he needs and as is the case with this guy, I was like, "Oh, wow, does this person need an orthopedic foot surgeon right away?" And so I paged orthopedics, and this guy called me right back. Answered my page.

Helen 28:33
How great is that?

Danielle 28:34
Spoke to me with respect. Said, you know, "Well, do this and do that, and I'll see him on Wednesday." Like, you know. So that's integration, is humans working together to take care of other humans. Don't make me feel like I've got a grovel. Yeah, it was a beautiful example of professionalism from a specialist colleague to help a person that needed it. Was great,

Helen 28:57

Fantastic. Well, why don't we finish off just by going over your six big ideas, because I think...

Danielle 29:03
I hope you wrote them down, because I never like to be quizzed.

Helen 29:06
Yeah. There you go. There's your six big ideas. I think they are. When I looked at them, I went right on!

Danielle 29:14
I mean, it's sort of, in a way, it's sad, because this is eight, eight years old. But the first is relationship based primary care for every Canadian. The second is to bring prescription drugs under Medicare. I feel some hope with this current round of PharmaCare stuff, but not to...

Helen 29:31
It's a step in the foot in the door.

Danielle 29:34
It's a tiny it's a tiny step. The third is to reduce unnecessary tests and intervention. So that's my nod to the universe of choosing wisely. The fourth is to reorganize the way we deliver care. So this is really around health services delivery. It's a bit the health policy nerd chapter. The fifth is the basic income guarantee, which I continue to believe is the most important intervention we could put in place for health in this country, and not just Hugh Segal, not just, I mean, Hugh Segal, who we all miss so much, such an extraordinary advocate on this issue and many others. And then the sixth is to scale up successful, to spread and scale successes in Canada, which actually it's been interesting to watch the, in the face of the threatened tariffs from south of our border, a renewed conversation about having a single Canadian economy across our 13 jurisdictions. And you know, one of the ways in which we silo is they're doing something great in Newfoundland for whatever problem this is you're experiencing in Alberta, and yet nobody is telling you. And so how do we learn more successfully from one another? It's not a bad list. I think I would still stand by it.

Helen 30:47
It's a great list. I might add a home care recommendation

Danielle 30:50
Yes!

Helen 30:51
At this point, having had some lived experience with both parents, but it's a fantastic list. Danielle Martin, thank you for your leadership and thank you for your time. It's just been a complete pleasure to spend some time with you.

Danielle 31:05
Thanks, Helen