Trillium Health Partners' prescription for Canada: Build the world's most productive, connected, AI-enabled and high-quality diagnostic imaging platform

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Study on Diagnostic Imaging Capacity

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Introduction

Canada has an opportunity to build the most productive, connected, high-quality and accessible diagnostic imaging platform in the world. This is not simply a call for more scanners. It is a prescription for turning Canada's existing equipment, people, data, and innovation into one coordinated national advantage, so every investment produces faster access, better care, and better value for Canadians.

Diagnostics sit at the centre of a modern health system. They determine how quickly disease is identified, how confidently treatment begins, whether patients move safely between hospital, community and home, and whether scarce clinical capacity is used well. A high-performing diagnostic imaging platform is therefore not a support service. It is essential infrastructure for access, quality, productivity, population health, and innovation.

According to the Canadian Institute for Health Information (CIHI), Canada performed 16 per cent more MRI and CT scans in 2024 than in 2019, yet median waits still increased over the same period: by 15 days for MRI and 3 days for CT.[1] This is a capacity problem, but it is also a system-design problem.

Trillium Health Partners is building Canada's largest flagship hospital: a hospital designed to meet the needs of today and tomorrow, as part of a connected and complete system of care focused on keeping people well. At the centre of that vision is an advanced diagnostic imaging platform serving a population of 2.2 million people across the West Greater Toronto Area, including Mississauga.[2] These are communities that reflect the best of Canada and are among the most diverse and successful anywhere in the world. With more than 1.9 million patient visits each year,[3] Trillium Health Partners provides a real-world prototype for how Canada can improve access, deliver higher quality and build a more productive and innovative diagnostic system. The pressure is already clear. From 2021/22 to 2025/26, demand increased 26.5 per cent for CT, 31.2 per cent for MRI and 19.7 per cent across all diagnostic imaging modalities, even as Trillium Health Partners expanded activity and improved productivity.

What would an advanced diagnostic imaging platform for the whole country look like? Images and information would follow the patient. Expertise could be shared across geography. Clinicians would be supported to order the right test for the right question. Technology and AI would remove friction across the pathway. Every new scanner and every public dollar would join, and strengthen, the network rather than add another disconnected point of service.

Trillium Health Partners' prescription for Canada is a five-part plan to move from isolated capacity to a connected platform:

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[1] Canadian Institute for Health Information, *Wait times for priority procedures in Canada, 2025* (June 12, 2025), https://www.cihi.ca/en/wait-times-for-priority-procedures-in-canada-2025.
[2] Trillium Health Partners, Annual Report 2025–26
[3] Trillium Health Partners, Annual Report 2025–26

1. **Connect every provider and every image.** Fund the onboarding of every public and private imaging facility to provincial and territorial repositories, with common participation requirements, so images and reports follow patients, duplicate testing falls and a trusted national data foundation is created.
2. **Build a workforce that can operate as a network.** Create a pan-Canadian workforce strategy, expand training and recognition pathways, and modernize rules so technologists and radiologists can safely work to full scope, remotely and across multiple sites and scanners.
3. **Put proven AI to work to improve access to diagnostic imaging.** Help hospitals and imaging providers adopt and evaluate AI tools that can reduce incomplete referrals, recover unused appointments, shorten scan times, identify urgent cases, and support faster reporting. Create a common Canadian pathway for validating these tools, integrating them safely into clinical care and scaling those that measurably reduce wait times and increase capacity.
4. **Treat appropriate use as a national quality of care priority.** Establish common benchmarks, transparent data, and decision support, so patients receive the right test for the right clinical question at the right time. Broad, untargeted imaging may create more incidental findings requiring follow-up without improving outcomes; the objective is better diagnosis, not simply more scans.
5. **Invest in a connected platform, not isolated assets.** Launch a time-limited $300-million Diagnostic Imaging Capacity Fund for equipment, connectivity, AI and workforce development, with funding tied to repository participation, credible operating plans and measurable improvements in access and productivity.

Setting the context: the needs of patients, providers and the country

Diagnostic imaging capacity is not simply the number of scanners in a health system. It is the ability to move a patient from the right referral to the right test, to an accurate and timely result, and then to the care they need. Every part of that journey depends on people, technology, information, and clinical judgment working together.

What patients need: the right test, without avoidable delay

For patients, access means more than securing an appointment. They need the right test for their clinical question, completed promptly, interpreted accurately, and available wherever they receive care. When images and reports do not move with the patient, tests may be repeated, diagnoses delayed, and follow-up fragmented. Patients may experience additional anxiety, cost, and, in the case of repeated CT imaging, unnecessary exposure to radiation.

The gaps are visible in everyday care. For example, when a patient in Trillium Health Partners' high-volume, high-risk obstetrical program has a study performed at a community clinic that is not connected to the provincial repository, hospital clinicians may receive the report but be unable to view the images. The study may need to be repeated, delaying diagnosis, creating anxiety, and adding cost and risk.

Better access does not mean indiscriminately performing more imaging. Untargeted or unscreened imaging can produce incidental findings that lead to further tests and interventions without clear evidence of improved outcomes. Patient self-referral or unscreened whole-body imaging can also bypass clinical judgment and create follow-up obligations disconnected from the patient's care team. Patients need clinically guided access to the most appropriate test, whether MRI, CT, ultrasound or x-ray, supported by a clear pathway for interpreting the result and closing the loop.

What providers need: a connected platform that makes scarce expertise go further

A scanner alone does not create capacity. Medical radiation technologists, sonographers, specialized nurses, porters, radiologists, medical physicists, clerical teams and other professionals are required to turn equipment into care. Capacity is lost when shifts cannot be filled, referrals arrive incomplete, appointments go unused, reports are delayed, or qualified professionals cannot work to their full scope. New equipment

without the workforce, funded operating hours, maintenance and clinical infrastructure to support it risks becoming stranded capacity.

Technology can help scarce expertise go further. Remote operation, multi-scanner models, digital workflow tools and AI-enabled image acquisition and prioritization can remove repetitive work and connect expertise across sites. Trillium Health Partners is already testing this across the imaging pathway: improving referral intake and scheduling before the scan; using AI-enabled MRI reconstruction and expanded technologist scope at the scanner; and using governed tools to support prioritization after the scan.

These tools are intended to support, not replace, technologists and radiologists. Technology only creates capacity when it is integrated into clinical workflow, locally validated, appropriately governed, and measured against improvements in access, quality, safety, and productivity.

What the country needs: better value from every person, scanner and dollar invested

Canada performed 16 per cent more MRI and CT scans in 2024 than in 2019, yet median waits still increased.[4] This tells us that the challenge is not only the amount of equipment available. It is also how the system is designed and how effectively its people, technology, and information are connected.

Trillium Health Partners sees this pressure directly. Its diagnostic imaging program performs roughly 810,324 services annually across Credit Valley Hospital, Mississauga Hospital and Queensway Health Centre.[5] From 2021/22 to 2025/26, MRI demand per 100 inpatient admissions rose 19 per cent and CT demand per 100 emergency visits rose 8 per cent. Strong local operations have improved booking turnaround and scanner productivity but cannot on their own overcome structural gaps in workforce, connectivity, operating capacity and demand.

Canada needs investment that produces measurable national benefit. That means connecting public and private providers to shared repositories, using common definitions and performance measures, making appropriate use part of the access strategy, and ensuring that capital funding includes credible workforce and operating plans. It also means using Canada's scale, diversity and public health system as an advantage: a platform on which digital and AI tools can be implemented, evaluated and scaled responsibly.

This is the context for Trillium Health Partners' five-part prescription for Canada.

Recommendations for federal action

1. Connect every imaging provider to a provincial imaging repository: Provide federal funding to bring every diagnostic imaging facility onto provincial repositories, and work with provinces to make participation a requirement for all providers, public or private, subject to quality and connection standards. Federal funding should cover the upfront integration costs that deter smaller providers. A pan-Canadian repository or linked network of provincial repositories should be explored as a longer-term goal. Building on the Connected Care agenda, this would reduce duplicate imaging and let AI tools flag recent studies before another is ordered. Because imaging is already largely standardized through DICOM, the priority is connection and participation rather than new image standards.

2. Build a networked, modernized diagnostic imaging workforce: Without duplicating provincial workforce management, support the national pipeline through Health Canada and Employment and Social Development Canada, working with provinces, regulators, educational institutions and professional

[4] Canadian Institute for Health Information, *Wait times for priority procedures in Canada, 2025* (June 12, 2025), https://www.cihi.ca/en/wait-times-for-priority-procedures-in-canada-2025.
[5] Trillium Health Partners, Annual Report 2025–26

associations to publish a five- to ten-year workforce outlook for medical radiation technologists (MRTs), sonographers, radiologists and related specialties, expand high-need training capacity through bilateral agreements, and accelerate competency-based pathways for qualified internationally educated professionals. Pair this with national work to modernize regulation and practice so remote and multi-scanner operation and full-scope practice can safely connect technologists and radiologists to patients wherever equipment exists. National workforce data should distinguish modalities and regions.

3. Help health systems adopt proven AI tools that reduce imaging wait times: Establish a multi-year federal program to help hospitals and imaging providers put effective AI and digital tools into everyday use, with a focus on practical applications that improve the quality and completeness of referrals, reduce missed appointments and fill unused scanner time, shorten MRI and CT scan times where clinically validated, help care teams identify and prioritize urgent cases, and support faster reporting and follow-up. Federal support should cover the full cost of implementation, including connecting technology to hospital systems, validating it in Canadian patient populations, training staff, redesigning workflows, protecting patient information, and measuring results. Projects should demonstrate measurable improvements in wait times, productivity, quality, safety, equity or workforce capacity before receiving support to expand. The program could be delivered through the Canadian Institutes of Health Research, Canada's Drug Agency, and Canada Health Infoway, working with provinces and territories.

4. Establish a pan-Canadian capacity and appropriate-use measurement framework: In partnership with CIHI, provinces, territories, professional societies and patient partners, standardize a concise set of measures for the whole imaging pathway: demand, funded and staffed operating hours, utilization, patients per operating hour, no-shows, wait time by priority, report turnaround, equipment age/downtime and workforce vacancy. Pair reporting with implementation research on appropriate-use interventions, including decision support at the point of referral, so systems can distinguish necessary growth from avoidable demand. More imaging is not better imaging; the correct imaging is.

5. Launch a time-limited $300-million Diagnostic Imaging Capacity Fund tied to the network: Working with provinces and territories, a $300-million Diagnostic Imaging Capacity Fund would support new and replacement equipment, connectivity, workforce training and the adoption of proven AI tools that increase the number of patients safely served by existing scanners and staff. A defined portion of the fund should support AI implementation, including technology integration, clinical validation, workforce training and independent evaluation of results. Federal funding would be tied to credible operating plans and measurable improvements in access and productivity. Funding would be conditional on outcomes: participation in the provincial repository and network, workforce and operating-hour plans, lifecycle maintenance, and baseline access and productivity measures. Provinces and territories would keep responsibility for planning, operating funding and service delivery, with federal funding acting as a targeted purchaser of a connected, higher-performing system.

Conclusion

Canada needs modern diagnostic imaging equipment, but its real opportunity is to build the platform around it. The Committee's recommendations will have the greatest impact if they strengthen the full pathway from referral to result and follow-up, and pursue the world's most productive, connected, high-quality and accessible diagnostic imaging system. Federal action can address constraints no single hospital can solve

alone: workforce, capital, fragmented data and the difficult work of scaling digital innovation. Canada should also make AI adoption a central part of its imaging capacity strategy, using it to reduce delays across the patient journey while establishing common expectations for validation, safety, privacy and measurable results.

Trillium Health Partners is building Canada's largest flagship hospital within a connected and complete system of care for 2.2 million people. Its experience shows how capacity can be created by improving referrals, schedules, scope of practice, image acquisition, reporting, connectivity, and data quality while continuing to invest in people and equipment. This work can serve as a prototype for the country: a practical model for improving access and quality while making Canada's diagnostic platform more productive and innovative.

Trillium Health Partners' prescription is one for the country: connect the assets Canada already has, use AI and digital tools to increase their capacity, and direct new investment toward a shared platform with measurable outcomes. Canada should judge success not by how many scans it purchases, but by whether Canadians receive the right test, in the right place, at the right time, and whether every test contributes to better care and a healthier population.

About Trillium Health Partners

Trillium Health Partners is the largest community-based hospital network in Canada. Comprised of Credit Valley Hospital, Mississauga Hospital and Queensway Health Centre, Trillium Health Partners serves the growing and diverse populations of Mississauga, West Toronto and surrounding communities. Trillium Health Partners is a teaching hospital affiliated with the University of Toronto and the home of the Institute for Better Health.

For more information, please visit thp.ca.