



CANADIAN NURSES ASSOCIATION
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA

Online Consultations on Restoring Fiscal Balance in Canada

**Submission to the Federal-Provincial
Relations and Social Policy Branch,
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Canadian Nurses Association

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Introduction

In the 2006 speech from the throne and subsequent 2006 budget, the federal government committed to “building a better federation in which governments come together to help Canadians realize their potential.” The government promised it would “respond to concerns about the fiscal imbalance and work to ensure fiscal arrangements in which all governments have access to the resources they need to meet their responsibilities.” The Canadian Nurses Association applauds that platform and is committed to working in partnership with the federal government to ensure that responsibilities, especially as they apply to the health and health care of Canadians, are met.

The Conference Board of Canada noted in 2006 that Canada’s ability to introduce and sustain public programs depends on having the resources that result from growing national wealth. With the best economic performance in the G7 over several years – and with strong predictions for continued top-five performance – Canada is positioned to improve the medicare program to support the health (and in turn the prosperity) of all Canadians. Further, the dropping federal debt-to-GDP ratio and predicted sustainability of the pension system bolster the country’s ability to deal with the aging population and its consequent increased health-care needs.

It is with those perspectives in mind that the Canadian Nurses Association offers suggestions on ways that the five key principles identified by the federal government should be applied to help restore fiscal balance.

Accountability through clarity of roles and responsibilities

There are myriad players in the health system, including patients, health professionals and assistive personnel, educators, employers, unions and governments. Clarifying the roles and responsibilities of each will help to reduce expensive and time-consuming duplication, enhance accountability and foster an environment of collaboration. This collaboration, in turn, will enable the gains that can be realized through collective synergy.

Canadians themselves have the most critical role to play by maintaining and improving their own health, preventing illnesses and injuries, and providing some aspects of their own illness care. Baby boom patients tell us they want a much more directive role in their own health and illness care; they have little tolerance for being told what to do by health professionals. As the best-educated and most tech-savvy generation in history comes of age over the next decade, patient-driven care will only expand.

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A ‘gatekeeper’ function for the delivery of health services was assigned to Canada’s physicians under the *Canada Health Act* and subsequent provincial legislation. This has three impacts: it limits access to care for Canadians; it increases the workload of physicians; and it does not make the best use of the skills and knowledge of physicians.

The real consequences for patients and the system are illustrated by the situation in emergency rooms across the country. As many as 50 per cent of emergency room patients, for example, could be safely and effectively assessed, treated and discharged by a registered nurse without ever seeing a physician. That is the case because only about 1 per cent of visits to emergency rooms constitute actual emergencies. Patients who have limited or no access to physicians use emergency rooms to access primary health care services that could be just as appropriately provided in many cases by other health professionals. That has to stop; there is room for governments to shift the ways care is delivered, and by whom, within the public health-care system to improve access without increasing cost.

Canadians would be much better served by a delivery model that offers a variety of “gateways to care”

Canadians would be much better served by a delivery model that offers a variety of “gateways to care,” through which Canadians access health services from a range of providers. To ensure the efficiency and effectiveness of such a delivery system, as well as quality of care, providers need to be supported by electronic infrastructure.

What does all of this mean for governments?

- Scores of activities once restricted solely to the practice of the most skilled health professionals now are carried out completely independently by patients – and the range of activities is growing. Governments and health-care professionals need to assess the current legislative and regulatory frameworks to reflect this development.
- Governments have a responsibility to undertake research to allow legislation to catch up to reality insofar as roles in health are concerned.
- Governments also have a responsibility for ensuring the education system prepares individual Canadians to make healthy choices and interact effectively with the health system.
- The federal government must continue its responsibility for “wiring” the country. In particular...
 - The federal government must accelerate the implementation of information technology to support coordinated and coherent delivery of health services.
 - The federal government must help to put in place the funding and technical infrastructure to ensure that every Canadian has access to broadband technology, from our largest urban centres to the most isolated northern communities.
 - The federal government can take a lead role in setting expectations and providing both funding and expertise to ensure that every Canadian has a personal electronic health record within the next five years.

Fiscal responsibility and budget transparency

In his federal election platform document, *Stand up for Canada*, Prime Minister Harper promised to lead a government that would “get things done” for all Canadians. The 2006 speech from the throne was more specific; it committed the government to “ensuring Canadians get the health care they have paid for.”

The Canadian Nurses Association recognizes that getting “what you need” may be different from getting what you “have paid for.” In the case of health, the Canadian Nurses Association recommends that the federal government focus on “needs.” The financial aspect of the equation has its roots in the original vision of medicare – that is, that Canadians should have access to necessary health services. It is clear that this commitment is bound by the cost parameters that Canadians and the system are able and willing to bear.

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The Canadian Nurses Association believes that governments must focus on identifying the health needs of Canadians – both now and into the future. Governments, led by the federal government, and working with experts, must determine what services are needed to respond to those needs. This will then provide a basis for planning the acquisition and location of diagnostic technologies and the supply of human capital as well as the number, type and size of facilities.

No task is more critical to the evolution of a modern and effective health system. Furthermore, understanding these dynamics will help governments to level playing fields and reduce disparities in access to health services.

Predictable, long-term fiscal arrangements

Through 2005 and 2006, organizations such as the International Monetary Fund (IMF), the Organisation for Economic Co-operation and Development (OECD) and the Conference Board of Canada all pressured Canada particularly to increase productivity growth. The IMF has made specific recommendations about the health system, urging Canadian governments to continue reforms that will control health-care costs while also pushing productivity.

Health system restructuring and redesign have been underway for over a decade across most of the country. While some outcomes have improved, patient safety concerns remain; wait times for primary care, diagnostics and acute services have increased; and the pace and intensity of work across the health system have deteriorated.

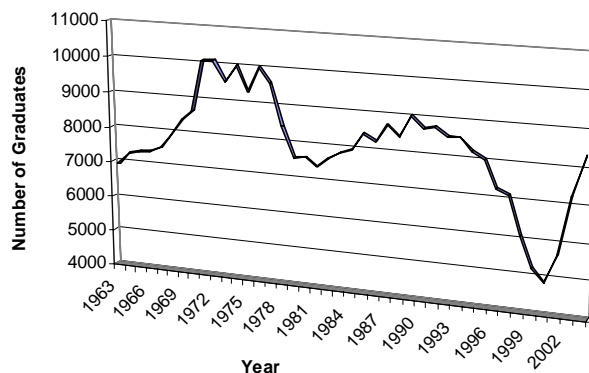
What is the answer? The Canadian Nurses Association believes that *getting things done* in the health system means a fundamental shift in the ways we think about health and about how good health happens. Creating a modern, responsive, effective, affordable and compassionate Canadian health system depends on:

- identifying and implementing new approaches to care delivery;
- identifying and implementing new roles for health providers;
- increased investments in knowledge transfer to facilitate uptake of results of new research and technological developments; and
- collective, coordinated human resources planning.

The Canadian Nurses Association acknowledges the role of all governments in producing the 10-year plan for health care in 2004. However even as it unfolds, eyes need to be focused on more distant horizons with an obligation to see not just “how to get by” but rather how to evolve toward a very different future.

Consider just the challenge of educating health professionals, which is measured in years – two for a licensed practical nurse, four for an entry-level physiotherapist, six for a nurse practitioner and eight or more for a surgeon. Single-year funding arrangements in the past have led to a boom-and-bust pattern of enrolment and graduates from health sciences education programs. That sort of supply curve has had direct impacts on patients and other providers and has been disastrous at times for Canadian nursing. Canada graduated more registered nurses in 1972, for example, than in 2002 – and the population increased by some 50 per cent during that time. That plays out as services shortages for Canadians today, and remains one of the “culprits” in the current wait time issue.

Number of RN graduates in Canada, 1963-2003



A competitive¹ and efficient economic union

A competitive and efficient economic union requires cooperation among governments to address issues of internal trade and labour mobility. The Canadian nursing workforce, for example, is highly mobile. Look to Saskatchewan, Prince Edward Island and Newfoundland and Labrador, which lose as much as 30 per cent of their nursing graduates to other provinces. As such, planning for health human resources must be pan-Canadian, taking into account such mobility and the policy levers that will affect the degree of mobility between provinces. Too often, employers are expending resources competing for the same nurses and doctors.

In any country, the collective health of citizens is the most basic and valuable input into the economic equation. Most simply put, *a healthy nation is a wealthy nation*.

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Despite Canada's vast wealth and enormous social strengths, significant disparities and inequities based on factors such as geography, gender, ethno-cultural background and economics, hold back the productivity of millions of Canadians. This threatens the economic health and social progress of the country – especially in a global economy increasingly driven by knowledge and technology.

The OECD suggested this year that Canada needs to foster innovation, and particularly to focus on improving literacy and strengthening knowledge skills. Four in ten Canadians have literacy skills below the desired threshold for coping with the rapidly changing skill demands of a knowledge-based economy. And in every study and scan, the plight of Canada's Aboriginal Peoples and visible minorities stand out in stark contrast to the enviable performance of Canada's historic majority – that is to say, Canadians of European ancestry. The Canadian Nurses Association notes that the disparities play out in particularly harsh ways in health and social outcomes. The federal government is ideally positioned to set benchmarks related to literacy and to knowledge acquisition and transfer – and to lending its expertise and funding to the considerable but urgent challenge of eliminating disparities and inequities.

Effective collaborative management of the federation

The Canadian Nurses Association understands the desire of the federal government to clearly delineate areas of government responsibility. The Canadian Nurses Association itself operates a federation type model that must seek a balance between central (or “federal”) roles and those of provincial member organizations. It has learned that the federal presence builds the whole into something greater than the sum of the parts. This fact is also relevant to governments.

The federal government has important responsibilities in areas such as emergency preparedness, food and drug safety, supporting national disease strategies (e.g., diabetes, cancer, HIV/AIDS) and helping to build a strong pan-Canadian workforce of health-care providers. The Canadian Nurses Association, in collaboration with 30 other health professional groups and employers, has developed a pan-Canadian health human resources planning framework based on core principles and strategic directions. One of the principles in this framework speaks to recognizing the global environment. The world is experiencing a global nursing shortage, with the U.S. alone projecting a shortage of one million nurses by 2012. This poses a tremendous threat to the Canadian nursing workforce and health system given our geographical

¹ The Department of Finance Canada defines *competitiveness* in the following manner: “The ability to sell goods or services profitably relative to other producers of the same goods or services. A number of factors contribute to competitiveness including technological change, a highly skilled labour force, low inflation and a sound public policy environment. As competitiveness improves, costs are reduced and exports expand across international markets.”
See http://www.fin.gc.ca/gloss/gloss-c_e.html#compet

proximity, similar culture and language and the wealth of the U.S. According to Industry Canada, over the 1990s Canada witnessed a gross outflow of 27,000 RNs through permanent emigration to the US. Just as worrying is the OECD prediction that Canada and the U.S. both face what might amount to the worst nurse shortages of all OECD nations within a decade.

The federal government can and must play a critical role by representing all Canadians and the health-care system on the global stage, filtering and disseminating information, and developing strategies to improve the health-care system at a pan-Canadian level within the context of very real global pressures and trends. No other entity in the country is poised or able to carry out that function.

The Health Action Lobby (HEAL) has in fact identified 10 areas of federal responsibility in health and health care. Some of these responsibilities are defined in legislation, including the *Canada Health Act*. The strong presence of the federal government in all of these areas is what assures the current and future health status of Canadians. Certainly nothing is more important to Canadians than federal protection and enforcement of the *Canada Health Act*.

In summary

The Canadian Nurses Association believes that the federal government has key responsibilities in maintaining and improving the health of Canadians. We encourage the federal government and all governments to bear strongly in mind that a healthy population is vital to a vigorous and productive economy.

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