

Common Vision for the Canadian Health System



The Canadian Healthcare Association (CHA), Canadian Medical Association (CMA), Canadian Nurses Association (CNA), and Canadian Pharmacists Association (CPhA) and their members have collaborated for several years on issues of mutual concern and have come together again for the 2004 First Ministers' Meeting on health. Our four associations represent most of Canada's front-line health care professionals, managers and trustees. We share a common vision for a patient-centred health system that is integrated, comprehensive, accountable, accessible, universal, portable and publicly funded.

Public confidence in the health system is at an all time low, the result of increasing inaccessibility to effective and timely high quality care. Governments must act now to reduce wait times for diagnosis and treatment; ensure an adequate supply of health care providers; expand the continuum of care; and to provide adequate, predictable and stable funding. To this end, our associations have worked to achieve consensus on the four key issues described below. In the best interests of Canadians, we urge the First Ministers to do the same.

Access

First and foremost, excessive waiting for care is associated with negative health consequences, both physical and psychological, in addition to increased social and economic costs. If Canadians do not have timely access to the health services they require, confidence in our health system will continue to erode. This is a key concern as evidenced by public opinion polls and failure to address this issue is not an option for Canadians.

We therefore call on governments to support the development and adoption of pan-Canadian benchmarks for wait times based on the best clinical evidence available. Clinical urgency thresholds for cardiac care can be modeled on the Ontario Cardiac Care Network, and those for joint replacement surgery on work underway in the Western Canada Waiting List Project, Ontario and the Maritimes. Registry and referral networks for key conditions must be developed without delay and existing examples such as the Canadian Joint Replacement Registry need to be expanded.

Appropriate system reform is also necessary to ensure that a comprehensive continuum of care is available, including mental health services, so that Canadians, as our patients and clients, have access to the appropriate providers at the appropriate time and cost to the system.

Resources

The promise of access needs to be supported by improved availability of core services. This requires the right people working with the right tools. A pan-Canadian strategy for human resources in the health sector, more specifically, a national Health Human Resource Institute is required to bring together stakeholders, to link health, labour, immigration and education policies, and to ensure needs-based planning approaches that incorporate new knowledge and research. Immediate and substantive investment is needed to re-vitalize education and employment in professions such as nursing, pharmacy, technologists, and medicine. Investment is also required to support the integration of international health professionals



and to encourage continued productivity among the existing health workforce. Enrolment in Canadian health science education programs must be increased, continuing education must be improved, and full time permanent jobs must be created. Over the longer term, investments are needed in multi-disciplinary and other alternative delivery models, as well as research on evidence-based productivity, health outcomes and national licensure.

In addition, investments are required in health infrastructure (tools and technology), including upgraded facilities, diagnostic equipment and health information technology.

Stable and Sustainable Funding

We call on governments to strengthen the base of the current medicare system and invest in system improvement, such as the promised national immunization program and the public health agency. The federal government's financial contribution to the health system must increase in exchange for assurances that pan-Canadian objectives regarding reduced waiting times and a broadening of the continuum of care will be met.

We recommend that the one-time federal commitment of \$2 billion being kept this year and the additional \$1 billion promised in the Liberal election platform for the 2004 fiscal year, be added to the Canada Health Transfer. This would represent an increase of at least \$3 billion annually to base transfers to the provinces and territories. Federal funding must keep pace with economic growth and increasing health care needs through a predictable escalator that is sufficient to reduce wait times and increase access. We support the need for accountability and transparency in the use of federal health care dollars and the role of the Canada Health Council in that regard.

Targeted funding is required to encourage appropriate system reform including: management of wait times through a Canadian Health Access Fund; a plan to address the human resource crisis; broadening the continuum of care; and strengthening infrastructure. Moreover, federal health funding commitments need to be part of a sound fiscal budgetary plan and not based on arbitrary surpluses. Health funding must be predictable and not subject to stop-and-go, or one-time funding approaches.

Continuum of Care and Pharmacare

To meet the health care needs of Canadians, now and in the future, the health care continuum - including home, pharmaceutical, and long-term care - must be expanded and included in the publicly-insured envelope on a pan-Canadian basis. This expansion should occur incrementally, beginning with acute home care substitution for hospital care, moving on to care that reduces the need for hospitalization, including better chronic disease management and access to mental health services. These measures will contribute to the appropriate utilization of acute care beds, thereby improving access.

With respect to extended drug coverage, funding and management must occur as part of an integrated health care system including home care, and not as a stand-alone federal program. We need to address gaps in access, lack of equity, and undue financial burden through a set of pan-Canadian objectives and a commitment to develop and support best practices. Expanding drug coverage is desirable, but investment is also needed in collaborative medication management to ensure best outcomes for patients and value for money. The federal and provincial/territorial governments should begin immediately to fill in the gaps in incremental stages, using the expertise of health care professionals, so that Canadians have better access to pharmaceuticals.

Conclusion

Together, our associations will continue to advocate for a comprehensive, sustainable approach to health services. This approach requires leadership on the part of all governments and accountability and transparency among all stakeholders to protect and strengthen the Canadian health system and restore the confidence of Canadians in their system. We encourage the First Ministers to create a "Health Professional Advisory Group" comprising our four organizations as well as several other stakeholders, to ensure an ongoing focus on the health needs of Canadians.

We are committed to do our part to resolve the current medicare crisis now. We do not believe that Canadians can wait a generation for a fix! Surely there can be an agreement based on the need to work together in the interests of patients and to have pan-Canadian objectives so that Canadians have access to comparable services no matter where they live.