PEOPLE, PLACES & TECHNOLOGY
LAYING THE FOUNDATIONS FOR HEALTH SYSTEM MODERNIZATION

A SUBMISSION TO THE
HOUSE OF COMMONS STANDING COMMITTEE ON FINANCE
PRE BUDGET 2011 CONSULTATIONS
AUGUST 13, 2010

WHO WE ARE

The Health Action Lobby (HEAL) is a coalition of national health and consumer associations and organizations dedicated to protecting and strengthening Canada's health care system. It represents more than half a million providers and consumers of health care. HEAL was formed in 1991 out of concern over the erosion of the federal government's role in supporting a national health care system.

MEMBERS OF HEAL

Alzheimer Society of Canada
Association of Canadian Academic Healthcare Organizations
Association of Faculties of Medicine of Canada
Canadian AIDS Society
Canadian Association of Medical Radiation Technologists
Canadian Association of Occupational Therapists
Canadian Association of Optometrists
Canadian Association of Social Workers
Canadian Association of Speech Language Pathologists and Audiologists
Canadian Chiropractic Association
Canadian College of Health Service Executives
Canadian Counseling and Psychotherapy Association
Canadian Dental Hygienists Association
Canadian Dermatology Association
Canadian Healthcare Association
Canadian Home Care Association
Canadian Hospice Palliative Care Association
Canadian Institute of Child Health
Canadian Medical Association
Canadian Mental Health Association
Canadian Nurses Association
Canadian Orthopaedic Association
Canadian Pharmacists Association
Canadian Physiotherapy Association
Canadian Podiatric Medical Association
Canadian Psychological Association
Canadian Public Health Association
Canadian Society for Medical Laboratory Science
Canadian Society of Nutrition Management
Canadian Society of Respiratory Therapists
Catholic Health Association of Canada
Canadian National Institute for the Blind (CNIB)
College of Family Physicians of Canada
Dietitians of Canada
National Council of Women of Canada
Paramedic Association of Canada
Practical Nurses of Canada
The Royal College of Physicians and Surgeons of Canada

For more information on the activities of HEAL, please visit our web-site at: www.physiotherapy.ca/heal

EXECUTIVE SUMMARY

The Health Action Lobby (HEAL) is a coalition of 38 national health and consumer associations and organizations dedicated to protecting and strengthening Canada's health system, collectively representing over a half million providers and consumers of health services in Canada.[1] It is with this comprehensive membership, and its broad lens, that HEAL presents three recommendations to the House of Commons Standing Committee on Finance's deliberations leading to Budget 2011.

I. Health Human Resources:

Since 2007, members of HEAL have recommended the development of a strategically targeted, time-limited, five year *National Health Human Resource Infrastructure Fund (NHHRIF)*. The fund would comprise three components essential to providing capacity to train a health human resource that can implement new models of clinical care, engage effectively in inter-professional practice models, and integrate research into their practice areas. The three components cover the direct costs of recruitment and retention necessary to training a health human resource, indirect or infrastructure costs, and data management capacity.

Recommendation 1: That the Government of Canada create a strategically-targeted, time-limited National Health Human Resources Infrastructure Fund to increase the supply of health providers that are trained to provide Canadians with access to quality health services.

II. Health Information Technology:

Health information technologies provide multiple opportunities to modernize Canada's health system. For example, telehealth technologies are increasingly and effectively employed to provide health services to people who are home-bound or in rural and remote areas.[2] In addition, such technologies provide a ready and less expensive means of support and information to patients, caregivers and their communities in the management of chronic health conditions. Further, and equally important to a responsive and modernized health system, is the commitment the Federal Government has already made to accelerate the introduction of inter-operable electronic health records to all Canadians.[3]

Recommendation 2: That the government of Canada lead a deliberate and strategic focus on the linkage between Canada's digital strategy, health system transformation and the role of Canada Health Infoway

III. National Continuum of Care Policy

There is a need to re-evaluate national policy in support of accessible and effective health services and health care for Canadians. We need a health care system that provides direction and support not just for services and diseases but for system infrastructure. HEAL recommends that the Government of Canada lead the country in a consultation process for the development of a national continuum of care policy. This would enable us to identify the gaps and opportunities in our continuum of care and to create a policy that can be effectively and successfully implemented. Such a policy will facilitate the modernization of health systems across all jurisdictions that are accessible and effective for all Canadians.

Recommendation 3: *That the Government of Canada direct the Standing Committee on Health to undertake a consultation for the development of a continuum of care policy that will set directions for the future of Healthcare in Canada.*

I. INTRODUCTION

The Health Action Lobby (HEAL) is a coalition of 38 national health and consumer associations and organizations dedicated to protecting and strengthening Canada's health system.[4] It was established in 1991 with a view to exchanging knowledge, developing consensus, and providing strategic advice to governments and others on a range of pan-Canadian health policy issues.

HEAL represents more than half a million providers and consumers of health services in Canada. This includes a broad range of health professions, researchers, educators and regulators. Members' mandates range from public health, to disease prevention, primary care, emergency and acute care, rehabilitation, community reintegration, and others. Our health settings encompass clinics, private practices, community or academic hospitals and regional health authorities, and the range of traditional and emerging community based settings. The patient care needs represented include all aspects of physical and mental health across the lifespan. HEAL members value the generation and use of research, innovation, and leading practices; appropriate utilization of information and other health technologies, the range of biopsychosocial interventions and treatments, assistive devices; and the role of patients, families and informal caregivers within an accessible health care system.

It is with this comprehensive membership, and its broad lens, that HEAL presents three recommendations to the House of Commons Standing Committee on Finance's deliberations leading to Budget 2011.

Our recommendations focus on health human resources, strategic leadership in health information technologies, and the development of a national continuum of care policy. Mindful of both jurisdictional issues and the current economic climate, these recommendations target three areas upon which the foundation of a sustainable, efficient and accountable health care system depends.

The brief begins with a short overview of our perspectives on the federal role in healthcare and then discusses each of our three recommendations in sequence.

II. THE FEDERAL ROLE IN HEALTH AND HEALTH CARE

HEAL has long advocated for the strategic involvement of the Federal government in health.[5] Understanding that cash transfers are currently set out in the 2004 First Ministers' Accord through to 2014, HEAL believes that in addition to transfer payments, there are important opportunities for the Federal Government's continued leadership in modernizing the health system.

For example, the Government has demonstrated leadership by funding health research and innovation, and through its Science and Technology Strategy (S&T Strategy), which has identified important areas for research under its health-related subthemes. In so doing, the Government supports and facilitates a system and services which are evidence-informed and directed – and thereby positioned to save lives and improve quality of life, while enhancing the overall effectiveness, efficiency, quality and safety of the services delivered.

There is also a strategic leadership opportunity for the federal government in continuing to build health system capacity that can accelerate the modernization of the health system, thereby minimizing the opportunity costs associated with chronic disease and mental health pandemics, an aging population, a retiring workforce and a potentially shrinking tax base.

In the view of HEAL, a clear example of this capacity-building opportunity exists in the areas of: (1) health human resources; (2) health information technologies; and (3) a national continuum of care policy that can help to better control rising healthcare costs and improve the integration of health services – the areas upon which our recommendations are based. These recommendations can be achieved through strategically targeted, time-limited, legacy investments of both funding and policy leadership. We discuss each of these in turn.

III. RECOMMENDATIONS

1. INVESTING IN OUR MOST IMPORTANT ASSETS – PEOPLE

The health needs of Canadians are becoming more complex as a result of chronic disease and an aging population. [6] [7] [8] At the same time, intensified global competition for talent, heavy workloads, and a retiring workforce challenge the supply of health providers.[9] [10] [11] [12] [13] [14] [15]

The consequences of these trends range from limited or inaccessible services for which there are inappropriate wait times or insufficient funding, to adverse affects on health status and health outcomes, compromised safety, sub-optimal utilization of health care resources and stress and strain on patients, families, and providers.[16] [17] [18] These issues and trends were identified in the recent study by the Standing Committee on Health.[19]

HEAL members and their constituents recognize that it is also incumbent on the health provider community to look at new ways – such as inter-professional collaboration – to organize and deliver a range of health care services in an efficient and cost-effective manner.

These new models of care can improve the effectiveness and efficiency of the health system by making better use of resources and ensuring a supply of highly trained professionals into the future. They require that we pay attention to how incoming professionals are being trained and to ensuring the appropriate infrastructure or support necessary – particularly when collaboration is required across disciplines, settings and sectors of service.[20] As we do this, we must also ensure that we monitor our progress and forecast future needs in these areas.

Since 2007, members of HEAL have recommended the development of a strategically targeted, time-limited, five year *National Health Human Resource Infrastructure Fund (NHHRIF)*. The fund will comprise three components essential to ensuring that new professionals are trained in new models of clinical care, engaging effectively in inter-professional practice models, and are able to integrate research and innovation effectively and appropriately into their practice areas. The three components of a NHHRIF would include:

a. The *direct costs* of recruiting and retaining practitioners and clinician-scientists who are willing to provide clinical training and preceptorship to incoming practitioners. The incentives for experienced practitioners to provide practical training and mentorship to incoming cohorts are reduced in the face of the system pressures described earlier. Without this practical training capacity, universities and colleges compromise their abilities to fill classrooms and to graduate professionals who are safe, competent and confident practitioners [21] [22] [23]

b. The *indirect or infrastructure costs* associated with the educational enterprise include physical plant considerations, information systems, library resources, office and meeting space, work and sleeping areas for students and residents on call, and the materials and equipment necessary [24] [25] [26] [27]

c. Res*ources that improve the country's overall data management capacity* and consequently the ability to model and forecast health human resource requirements in the face of the changing demand for health services and identify, test and exchange innovative health human resource (HHR) practices. [28] [29]

The value of this fund over a five-year period is approximately one billion dollars, which is based on the infrastructure needed to leverage per capita investments. In 1966, $500 million was committed to the *Health Resources Fund Act*.[30] In today's figures, this is estimated at approximately $3.1 billion.[31] The order-of-magnitude request of the proposed fund is not only sensitive to current economic pressures, but also reflects an expectation of partnership with the provinces and the generation and utilization of innovative practices that will further leverage the proposed fund.[32]

Recommendation 1: That the Government of Canada create a strategically-targeted, time-limited National Health Human Resources Infrastructure Fund to increase the supply of health providers that are trained to provide Canadians with access to quality health services.

2. LEVERAGING INFORMATION TECHNOLOGY TO TRANSFORM HEALTHCARE

HEAL commends the Government of Canada for undertaking a public consultation on the proposed Digital Strategy.[33] [34] This consultation process exemplifies the types of approaches that can result in increased productivity, exciting partnership and collaborative opportunities, and world class performance and competiveness.

In the Digital Strategy Consultation document, the authors speak eloquently to the importance of digital technology in enabling quality, excellence and sustainability in both health and education.[35] Similarly, across HEAL member practice settings, telehealth, smartphones, i-phones, electronic health records, the internet and other digital components, are playing transformative roles in: [36]

- better utilizing new and innovative care delivery models and care settings
- helping providers access information at the point of care within and across care settings and sectors
- improving patient safety and helping to avert clinical errors and adverse events;
- empowering patients and families to access health information and supportive resources
- monitoring outcomes at all levels - from the individual client/patient to the system and population
- predicting, monitoring, and averting pandemics and other critical and significant health-related events

For example, telehealth technologies can enable access to care, support consults and rehabilitation for individuals who are home-bound or in rural and remote areas.[37] They can facilitate the 'hospital-at-home' for patients with needs like, haemodialysis, in a manner that significantly improves quality of life and reduces the risk of hospital acquired infection. Other health information technologies can support individuals to self manage chronic conditions and to overcome diseases or disabilities; and provide essential information to patients, caregivers and communities. [38]

There are multiple returns on investment in such health information technologies – in addition to the important human and health system benefits - there are also the jobs, products and services generated in order to develop and deliver these technologies, and cost savings accrued through the efficiencies gained in their use in health systems.

With an aging population, more people will be living with chronic diseases and conditions – their success and life satisfaction, as well as their footprint on the Canadian economy, will depend on their health which can be effectively supported by health information technologies.

HEAL strongly applauds the Federal Government for the significant investments in Canada Health Infoway to advance the digitization of the health system and take full advantage of the benefits that are noted earlier in this section. That said, more must be done to accelerate the introduction of inter-operable electronic health records to all Canadians.[39]

Recommendation 2: *That the government of Canada lead a deliberate and strategic focus on the linkage between Canada's digital strategy, health system transformation and the role of Canada Health Infoway*

3. MODERNIZING THE HEALTH SYSTEM THROUGH A NATIONAL CONTINUUM OF CARE POLICY

HEAL members agree that there is a need to re-evaluate national policy in support of a range of accessible and effective health services and health care for Canadians.[40] We need a health system that provides the direction and

support for the delivery of the right service, to the right person, at the right time, in the right place, and from the right provider. To achieve this, we need to build capacity – not just for services and diseases but for policy and system infrastructure.

We urgently need to develop national capacity to address health and health needs through a full continuum of care or "an integrated and seamless system of settings, services, service providers, and service levels to meet the needs of clients or defined populations".[41] By developing an effective continuum of care policy, we can enhance efficiency and accountability by defining and providing the infrastructure and support for better communication and collaboration within the health care system.[42]

Costly care, such as hospitalization, can often be prevented through better utilization of public health practices, primary care services, self-care models, disease prevention, and access to mental health services, among others by and by optimizing our investment in research and innovation.[43] Disease prevention and health promotion services, offered efficiently and in a timely manner, can prevent the development or escalation of problematic conditions and disorders. A continuum of care policy can also define and support the preventative and follow-up care and supports that can pre-empt costly re-hospitalization and health intervention.[44]

Finally but most importantly, an effective continuum of care policy is patient centered and consumer-focussed. An aging population, as well as escalating rates of chronic conditions and diseases, all call for the need for Canada to adequately resource and coordinate policies for services and supports across sectors and settings. An efficient continuum of care can help Canadians better live well in health and with illness.

The development of a single policy framework around a continuum of care would connect and coordinate funding and access to service, as well as the infrastructure within which to ensure its efficient and accountable delivery, whether under provincial or federal jurisdiction.

HEAL recommends that the Government of Canada, lead the country in a consultation process in the development of a national continuum of care policy. Undertaking such a consultation is critical to identifying the opportunities, gaps, and critical components and to creating a continuum of care policy that can be effectively and successfully implemented. Such a policy in turn will enable the modernization of health systems across all jurisdictions and provide a more solid footing for cost control in the future.

Recommendation 3: *That the Government of Canada direct the Standing Committee on Health to undertake a consultation for the development of a continuum of care policy that will set directions for the future of Healthcare in Canada.*

4. CLOSING REMARKS

A responsive health system depends on a number of factors, the core of which is appropriate access to the most appropriate care where and when it is needed. We need to envision a system that is responsive to the needs of the person and that optimizes the use of opportunities and resources. These are keys to successful health outcomes. Successful health outcomes are keys to a flourishing and productive society and economy. We believe that we can achieve such a system can by investing in health human resources that can respond to the health needs of Canadians, by leveraging health information technologies, and by creating an efficient and effective continuum of care.

HEAL is of the view that now is the time for the federal government – in close consultation and collaboration with the provinces and territories and the professional community – to undertake strategic leadership in the foundational areas of health human resources, information technologies, and a continuum of care policy.

ENDNOTES

[1] HEAL's website www.physiotherapy.ca/HEAL provides more information on HEAL and its member organizations.
[2] The Global Centre for e-health Innovation. 2010. *Urban Telehealth: Efficient, Timely, Virtual Visits. Available: http://www.ehealthinnovation.org/*
[3] Canada Health Infoway. Unlocking the Clinical Value of Health Information Systems. Corporate Business Plan, 2010-2011.
[4] The HEAL website at: www.physiotherapy.ca/HEAL provides more information about HEAL and a listing of the 38 member organizations.
[5] HEAL, 1997. *Key Roles for the Federal Government in Health.* Available: http://www.physiotherapy.ca/HEAL/docs/key_roles_for_federal_govnmt_in_health.doc.
[6] WHO, 2005. Facing the facts, Chronic Disease in Canada. Avalable: http://www.who.int/chp/chronic_disease_report/en
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[9] World Health Organization (WHO), 2006. World Health Report 2006-Working Together for Health. Available: http://www.who.int/whr/2006/en
[10] Phillips Jr RL, Petterson S, Fryer Jr GE, Rosser W. *The Canadian Contribution to the US Physician Workforce*. Can Med Assoc J, Apr 2007; 176: 1083 - 1087.
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[12] CIHI, 2007. *Health Providers in Canada*. Ottawa, Canada. Available: www.cihi.ca
[13] The Royal Commission, 2002. *Building on Values – The Future of Healthcare in Canada.* Available: http://www.hc-sc.gc.ca/hcs-sss/alt_formats/hpb-dgps/pdf/hhr/romanow-eng.pdf
[14] Senate Standing Committee on Social Affairs, Science & Technology, 2002. *The Health of Canadians - The Federal Role, Volume Six: Recommendations for Reform*. Available: http://www.hc-sc.gc.ca/hcs-sss/com/fed/kirby-eng.php
[15] The Health Council of Canada, 2005. *Modernizing the Management of Health Human Resources in Canada: Identifying Areas for Accelerated Change.* Available: *http://www.chsrf.ca/research_themes/documents/HCC_HHRsummit_2005_eng.pdf*
[16] Canadian Nurses Association, 2009. Targeted solutions for eliminating Canada's Registered Nursing Shortage (Report Summary). Available: http://www.cna-aiic.ca/CNA/documents
[17] Association of Canadian Academic Healthcare Organizations (ACAHO), 2009. *Wait Watcher's III: Order and Speed, Improving Access to Care through Innovations in Patient Flow.* Available: www.acaho.org
[18] Canadian Healthcare Association. 2009. *Home Care in Canada: From the Margins to the Mainstream*. Ottawa: Available: http://www.cha.ca/documents
[19] Standing Committee on Health, 2010. Promoting innovative solutions to health human resources Available: http://www.csrt.com/en/professional/pdf/Standing_Committee_Health_June2010.pdf
[20] Some HEAL members emphasize that this includes a variety of community based settings ranging from the traditional, like home and long term care settings to settings that often go overlooked, like the provision of care in schools, community centres, community health centres, clinics, etc. A description of the range of community based services is available on the Health Canada website. http://www.hc-sc.gc.ca/hcs-sss/pubs/hhrhs/1995-build-plan-commun/build-plan-commun2/definition-eng.php
[21] Ladak, N. How Hospitals are Funded. JPPC. 1998.
[22] Smith PM, Seeley J, Sevean P, Strickland S, Spadoni M, Dampier S. *Costing Nursing Clinical Placements in Canada*. Ottawa: Canadian Association of University Schools of Nursing, 2007.
[23] CIHI, 2007.
[24] Pollock L.L. and Levine, M., 1984. *The Residency Program in Community Pharmacy Practice*. Canadian Pharmaceutical Journal. 117(9):430-433
[25] MacKenzie TA, Willan AR, Cox MA, Green A. *Indirect Costs of Teaching in Canadian Hospitals*. CMAJ 1991 Jan 15;144(2):149-52.
[26] Canadian Society for Medical Laboratory Science. *Simulation-Based Learning in Medical Laboratory Education – Current Perspectives and Practices.* September 2007.
[27] CIHI, 2007.

[28] it is noted that Health Canada has directed some of its 2003 HHR funds to the Canadian Institute for Health Information to expand data collection for five additional professions.
[29] This is consistent with the notion of an HHR Observatory that is supported by multiple members of HEAL. This is also consistent, and is an expansion of, the IN4M project on needs based mental health human resources modelling, recently funded by Health Canada.
[30] This fund was matched by the provinces and territories for a total of 800 million.
[31] Statistics Canada. Consumer Price Index, Historical Summary. Accessed 12/12/07.
[32] This may include new models of care, care in the community, modernizing infrastructure, investing in research, innovation, leading practices, etc.
[33] Government of Canada, 2010. *Improving Canada's Digital Advantage. Strategies for Sustainable Prosperity. Consultation Paper on a Digital Economy Strategy for Canada.* Available. www.ic.gc.ca
[34] There are multiple references provided by HEAL members to this effect, for example: CHCA National Partnership Project – Canadian Home Care Association.(2006). *Partnership in Practice – Two key strategies involving home care yield high impact benefits for primary health care in Canada.* http://www.cdnhomecare.ca/content.php?doc=180 ; Hollander - Hollander, M., Miller, J., MacAdam, M.,Chappell, N., & Pedlar, D. (2009). *Increasing value for money in the Canadian health care system: new findings and the case for integrated care for seniors.* Healthcare Quarterly, 12, 1. and Markle-Reid – Markle-Reid, M., Browne, G.,Weir, R., Gafni, A.,Roberts, J., Henderson, S. (2008). *Seniors at Risk: The Association between the Six-Month Use of Publicly Funded Home Support Services and Quality of Life and Use of Health Services for Older People*. Canadian Journal of Aging 27 (2): 207-224; Markle-Reid, M., Weir, R., Browne, G., Henderson, S., Roberts, J., Gafni, A. (2004) - *Frail Elderly Homecare Clients: The Costs and Effects of Adding Nursing Health Promotion and Preventive Care to Personal Support Services*. System Linked Research Unit Working Paper S04-01
[35] Government of Canada, 2010. *Improving Canada's Digital Advantage. Strategies for Sustainable Prosperity. Consultation Paper on a Digital Economy Strategy for Canada.* Available. www.ic.gc.ca
[36] These and many other examples are discussed in papers and articles available on the website of the The Global Centre for e-Health Innovation: www.e-healthinnovation.com
[37] The Global Centre for e-health Innovation. 2010. *Urban Telehealth: Efficient, Timely, Virtual Visits. Available:* http://www.ehealthinnovation.org/
[38] The Global Centre for e-health Innovation. 2010. *Diabetes Self Management on the iPhone* . Available: http://www.bantapp.com/
[39] Canada Health Infoway. *Unlocking the Clinical Value of Health Information Systems.* Corporate Business Plan, 2010-2011.
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[41] Accreditation Canada (CCHSA at time of publication), 2002. Achieving Improved Measurement. Ottawa.
[42] The College of Family Physicians of Canada. 2009. Patient centered primary care in Canada: Time to bring it on home. Avail.: http://www.cfpc.ca/local/files/Communications/Health%20Policy/Bring%20it%20on%20Home%20FINAL%20ENGLISH.pdf
[43] ACAHO, 2009.
[44]The College of Family Physicians of Canada. 2009.