

**CMA Presentation to the House of Commons
Standing Committee on Health**

Statutory review of the 10-Year Plan to Strengthen
Health Care

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Check against delivery



A healthy population...a vibrant medical profession
Une population en santé...une profession médicale dynamique

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The Canadian Medical Association (CMA) is the national voice of Canadian physicians. Founded in 1867, CMA's mission is to serve and unite the physicians of Canada and be the national advocate, in partnership with the people of Canada, for the highest standards of health and health care.

On behalf of its more than 67,000 members and the Canadian public, CMA performs a wide variety of functions, such as advocating health promotion and disease/injury prevention policies and strategies, advocating for access to quality health care, facilitating change within the medical profession, and providing leadership and guidance to physicians to help them influence, manage and adapt to changes in health care delivery.

The CMA is a voluntary professional organization representing the majority of Canada's physicians and comprising 12 provincial and territorial divisions and 45 national medical organizations.



Introduction

The CMA appreciates the opportunity to present to the Standing Committee on Health today.

My presentation will focus on:

1. **Wait Times**
2. **Health Human Resources; and**
3. **Patient Focused Care**

Wait Times

In regard to the issue of wait times, I would echo the two main points of my colleagues from the Wait Time Alliance:

- First, while progress is being made on wait times, that progress is limited and not consistent across the country; and second,
- Health workforce and infrastructure capacity shortages remain the primary barriers to effectively addressing wait times.

Wait times don't only exact a heavy human toll — they also carry severe economic costs.

A CMA-commissioned report released earlier this year found that the economic cost of having patients wait longer than medically recommended was \$14.8 billion in 2007. That stunning total was for just four of the five procedures identified as priorities in the 10-year plan — joint replacement, diagnostic imaging and cataract and bypass surgery — and it was only for one year.

Over a million Canadians continue to suffer on wait lists because of deficiencies in our system. This is unacceptable.

We need to “break the back” of wait times for the sake of our patients and for the economic health of Canada.

This will require:

- More federal leadership, not less;
- A revolutionary change in the “focus” of our health care system; and
- Substantial investments.

Health Human Resources

The 10-Year Plan to Strengthen Health Care acknowledged the need to increase the supply of health care professionals in Canada. However, not enough progress has been made.

Canada is 26,000 doctors short of the average of developed countries, and we now rank a lowly 24th among OECD countries in doctors per population.

A poll released today by the CMA found that Canada's doctor shortage ranked second only to the economy as a top public issue. In this same poll, 91% of Canadians say having a plan to address the doctor shortage will influence their vote in the next federal election. Federal political parties who ignore this issue in the next election could pay a price at the polls.

In the 10-year plan to strengthen health care, \$1-billion was set aside for the last four years (2010-2014) of the agreement. We can't afford to wait that long.

This funding should be immediately fast-tracked to focus on the three priority areas in the CMA's "More Doctors. More Care" Campaign:

- One, expanding health professional education and training capacity;
- Two, ensuring self sufficiency in health human resources by investing in long-term health human resource planning; and.
- Three, investing in health information technology to make our health care system more responsive and efficient.

In terms of IT, we should be ashamed that we only spend a third of the OECD average on IT in our hospitals. Canada's poor record in avoidable adverse effects is, in part, due to our system's inability to share available information in a timely manner.

Patient Focused Care

Many countries have systems that provide universal care, have no wait lists and cost the same or less to run as our system does. Wait lists can and must be eliminated in Canada. The momentum to do just that depends simply on making the system work for patients, not on forcing patients to work the system.

We must reposition patients to the centre of our health-care system, which requires that we move beyond block funding or global budgets for health institutions. We need a system where funds follow the patient — patient-focused funding.

Block funding blocks access. Patient-focused funding will increase productivity, lead to greater efficiencies and reduce wait lists. A patient will become a value to an institution, not a cost.

Canada remains the last country in the developed world to fund hospitals with block funding. In England, patient-focused funding helped eliminate wait lists in less than four years.

Conclusion

So, my question to the Committee is why do we wait?

Why do we continue to keep patients on wait lists when research shows it costs a lot less to cut wait times than it does to have them?

Why do we not make the necessary reforms and investments to provide Canadians with timely access to quality care?

Thank you.