

**CMA's Presentation to the House of Commons  
Standing Committee on Finance**

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*Pre-budget Consultations 2010-2011*

Presented by:

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*Check against delivery*

A healthy population and a vibrant medical profession  
Une population en santé et 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 73,000 members and the Canadian public, CMA performs a wide variety of functions. Key functions include advocating for 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 51 national medical organizations.

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Thank you, Mr. Chairman, for this opportunity to appear before you today.

The CMA brief contains seven recommendations to address pressing needs in the health care system.

Before I get to those, I'd like to highlight why, from my perspective, our health care system is in need of the federal government's attention.

Yesterday, at the Ottawa Hospital, where I am Chief of Staff:

- Our occupancy was 100 per cent.
- 30 patients who came to the emergency department were admitted to the hospital, but we had beds for only four of them.
- 10 are still waiting on gurneys in examining rooms within the emergency department.
- Six patients were admitted to wards and are receiving care in hallways.
- Three surgeries were cancelled – bringing the number of cancellations this year to 480.
- But while all this was happening, we had 158 patients waiting for a bed in a long-term-care facility.

Equally, a few blocks from here and in communities across the country, the health status of our poorest and most vulnerable populations is comparable to countries that have a fraction of our GDP – despite very significant investments in their health.

This is just my perspective. Health care providers of all types experience the failings of our system on a daily basis.

We as a country can do better and Canadians deserve better value for their money.

Canada's physicians are calling for transformative change to build a health care system based on the principles of accessibility, high quality, cost effectiveness, accountability and sustainability.

Through new efficiencies, better integration and sound stewardship, governments can reposition health care as an economic driver, an agent of productivity and a competitive advantage for Canada in today's global marketplace.

The Health Accord expires in March 2014, and we strongly urge that the federal government begin discussions now with the provinces and territories on how to transform our health care system so that it meets patients' needs and is sustainable into the future.

Canadians themselves also need to be part of the conversation.

To help position the system for this transformative change, the CMA brief identifies a number of issues that the federal government should address in the short term:

First, our system needs investments in health human resources to retain and recruit more doctors and nurses.

Although we welcome measures in the last budget to increase the number of residency positions, we urge the government to fulfill the balance of its election promise by further investing in residencies, and to invest in programs to repatriate Canadian-trained physicians living abroad.

Second, we need to bolster our public health e-infrastructure so that it can provide efficient, quality care that responds more effectively to pandemics.

We recommend increased investment:

- to improve data collection and analysis between local public health authorities and primary care practices,
- for local health emergency preparedness, and
- for the creation of a pan-Canadian strategy for responding to potential health crises.

Third, issues related to our aging population also call for action.

As continuing care moves from hospitals into the home, the community, or long-term care facilities, the financial burden shifts from governments to individuals.

We recommend that the federal government study options for pre-funding long-term care — including private insurance, tax-deferred and tax-prepaid savings approaches, and contribution-based social insurance — to help Canadians prepare for their future home care and long-term care needs.

And, as much of the burden of continuing care for seniors also falls on informal, unpaid caregivers, the CMA recommends that pilot studies be undertaken to explore tax credit and/or direct compensation for informal caregivers for their work, and to expand programs for informal caregivers that provide guaranteed access to respite services in emergency situations.

Finally, the government should increase RRSP limits and explore opportunities to provide pension vehicles for self-employed Canadians.

Mr. Chair, a fuller set of recommendations is contained in our report -- *Health Care Transformation in Canada: Change that Works. Care that Lasts*.

These include universal access to prescription drugs; greater use of health information technology; and the immediate construction of long-term care facilities.

We urge the Committee to consider both our short-term recommendations – and our longer term vision for transforming Canada’s health care system.

I look forward to your questions. Thank you.