

CMA submission:

ACTING ON TODAY'S AND TOMORROW'S HEALTH CARE NEEDS

Pre-budget submission to the House
of Commons Standing Committee
on Finance

August 2, 2019

The Canadian Medical Association unites physicians on national health and medical matters. Formed in Quebec City in 1867, the CMA's rich history of advocacy led to some of Canada's most important health policy changes. As we look to the future, the CMA will focus on advocating for a healthy population and a vibrant profession.

Introduction

The Canadian Medical Association (CMA) is pleased to provide the House of Commons Standing Committee on Finance this pre-budget submission. It provides recommendations to address major pan-Canadian challenges to the health of Canadians: improve how we provide care to our growing elderly population; improve access to primary care across the country; increase digital health literacy to take advantage of the benefits of new health information technologies; and better prepare for and mitigate the health impacts of a changing climate on Canadians.

Seniors Care

Health systems across the country are currently struggling to meet the needs of our aging population. People aged 85 years and over—many of whom are frail—make up the fastest growing age group in Canadaⁱ.

Provincial and territorial health care systems (as well as care systems for populations falling under federal jurisdiction) are facing many challenges to meet the needs of an aging population. Canadians support a strong role for the federal government in leading a national seniors strategy and working with the provinces to ensure that all Canadians have the same level of access and quality of services, no matter where they live.

The 2017 federal/provincial/territorial funding agreement involving \$6 billion over 10 years to improve access to home care services is a welcomed building block. But without greater investment in seniors care, health systems will not keep up. To be truly relevant and effectively respond to Canadians' present and future needs, our health care system must provide integrated, continuing care able to meet the chronic and complex care needs of our growing and aging population. This includes recognizing the increased role for patients and their caregivers in the care process.

The federal government must ensure transfers are able to keep up with the real cost of health care. Current funding levels clearly fail to do so. Health transfers are estimated to rise by 3.6% while health care costs are expected to rise by 5.1% annually over the next decade.ⁱⁱ

Recommendation:

The federal government ensure provincial and territorial health care systems meet the care needs of their aging populations by means of a demographic top-up to the Canada Health Transfer.ⁱⁱⁱ

Providing care often comes with a financial cost such as lost income due to the caregiver's withdrawal from the workforce to provide care. There are also increasing out-of-pocket costs for both caregivers and care receivers for health care-related expenses—privately covered expenditures on home and long-term care for seniors are projected to grow by an average of 5.8 per cent annually—nearly 1.5 times the pace of household disposable income growth. While the federal government offers tax credits that can be claimed by care receivers/caregivers, they are significantly under-utilized. While representing a significant proportion of caregivers, those with low or no income receive little to no federal government support through these programs. Middle-income earners also receive less than those earning high incomes.

Recommendation:

The federal government create a Seniors Care Benefit that would be an easier, fairer and more effective way to support caregivers and care receivers alike.^{iv}

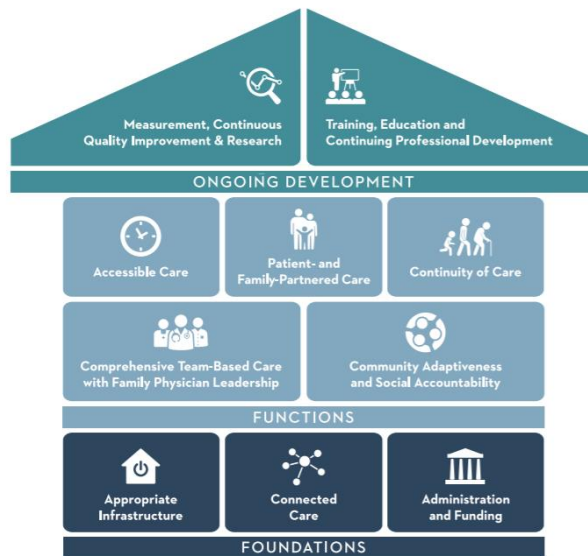
Access to Care

Since the mid-1990s, the federal and provincial/territorial governments (FPT) have provided sustained leadership in promoting and supporting the transformation of primary care in Canada. In 2000, the First Ministers concluded the first of three Health Accords in which they agreed to promote the establishment of primary health care teams^v supported by a \$800 million Primary Health Care Transition Fund (PHCTF) funded by the federal government, but jointly governed. The PHCTF resulted in large-scale sustained change in primary care delivery models in Ontario, Quebec and Alberta with interest in other jurisdictions as well.

However, the job is far from finished. Across Canada, access to primary care is challenging for many Canadians with a persistent shortage of family physicians. In 2017, 4.7 million Canadians aged 12+ reported they did not have a regular health care provider.^{vi} Even those who have a regular provider experience wait time issues.

There has been widespread interest in primary care models since the development of the College of Family Physicians of Canada’s (CFPC) vision document *Family Practice: The Patient’s Medical Home* (PMH), initially launched in 2011^{vii} and recently re-launched.^{viii} The model is founded on 10 pillars depicted in Figure 1.

Figure 1. The Patient’s Medical Home, 2019



The updated model places increased emphasis on team-based care and introduces the concept of the patient’s medical neighborhood that sets out connections between the primary care practice and all delivery points in the surrounding community. While comprehensive baseline data are lacking, it seems

safe to conjecture that most Canadians are not enrolled in a primary care model that would measure up to the model's 10 pillars.

Recommendation:

The federal government, in concert with provinces and territories, establish a targeted fund in the amount of \$1.2 billion to support a new time-limited Primary Health Care Transition Fund that would build on the success of the fund launched in 2000 with the goal of widely introducing a sustainable medical home model across jurisdictions. This would include the following key elements:

- **Age-sex-weighted per capita allocation across the provinces and territories;**
- **Joint governance of the FPT governments with meaningful stakeholder engagement;**
- **Respect for the Canada Health Act principles;**
- **Common objectives (e.g., modeled on the CFPC Patient's Medical Home framework);**
- **Operating Principles specifying eligible/ineligible activities;**
- **Reporting provisions and agreed-upon metrics; and**
- **Sustainability plans.**

Digital/Virtual Care

Canada and most industrialized countries will experience a digital health revolution over the next decade with great potential to improve patient and population health. Digital health can be described as the integration of the electronic collection and compilation of health data, decision support tools and analytics with the use of audio, video and other technologies to deliver preventive, diagnostic and treatment services that promote patient and population health.

While most Canadian physicians' offices and health care facilities are now using some form of electronic record keeping and most households have internet access, there remains a large deficit in using virtual care, both within jurisdictions and across provincial/territorial boundaries. Recently the CMA, the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada established a Virtual Care Task Force to identify opportunities for digital health to improve health care delivery, including what regulatory changes are required for physicians to deliver care to patients within and across provincial/territorial boundaries.

To take full advantage of digital health capabilities it will be essential for the population to have a functional level of digital health literacy: *the ability to seek, find, understand and appraise health information from electronic sources and apply the knowledge gained to addressing or solving a health problem.*^{ix} This also includes the capability of communicating about one's health to health care professionals (e.g., e-consults), self-monitoring health (e.g., patient portals) and receiving treatment online (e.g., Web-based cognitive behavioral therapy).^x

There are no current data available on health literacy in Canada, let alone digital health literacy. One basic barrier to achieving digital health literacy is access to, and usage of the Internet, which has been termed the "digital divide" (e.g., older Canadians and low income households are less likely to have Internet access).^{Error! Bookmark not defined.}

In 2001 the federal government established the Financial Consumer Agency of Canada (FCAC). Its mandate includes informing consumers about their rights and responsibilities in dealing with financial institutions and providing information and tools to help consumers understand and shop for financial products and services.^{xi} In 2014 the FCAC appointed a Financial Literacy Leader who has focused on financial literacy, including activities such as conducting financial capability surveys and the development of a National Strategy for Financial Literacy.^{xii}

Considering the anticipated growth of digital/virtual care it would be desirable to understand and promote digital health literacy across Canada. What the federal government has done for financial literacy could serve as a template for digital health literacy.

Recommendation:

The federal government establish a Digital Health Literacy Secretariat to:

- **Develop indicators and conducting surveys to measure and track the digital health literacy of Canadians;**
- **Develop tools that can be used both by Canadians and their health care providers to enhance their digital health literacy; and**
- **Assess and make recommendations on the “digital divide” that may exist among some population sub-groups due to a lack of access to information technology and lower digital health literacy.**

Climate Change and Health

Climate change is the public health imperative of our time. There is a high level of concern among Canadians about their changing climate. A 2017 poll commissioned by Health Canada demonstrates a high level of concern among Canadians about their changing climate: 79% were convinced that climate change is happening, and of these, 53% accepted that it is a current health risk, with 40% believing it will be a health risk in the future.

The World Health Organization (WHO) has identified air pollution and climate change as one of the biggest threats to global health. Health care professionals see first-hand the devastating health impacts of our changing climate including increased deaths from fine particulate matter air pollution and increased heat-related conditions. Impacts are most common in vulnerable populations such as adults over 65 years, the homeless, urban dwellers and people with a pre-existing disease.

Canada’s health care system is already treating the health effects of climate change. A lack of progress in reducing emissions and building adaptive capacity threatens both human lives and the viability of Canada’s health system, with the potential to disrupt core public health infrastructure and overwhelm health services, not to mention the economic and social costs. The federal government must provide leadership to deal with the impact already being felt in Canada and around the world.

Recommendation:

The federal government make strong commitments to minimize the impact of climate change on the health of Canadians by:

- **Ensuring pan-Canadian and inter-jurisdictional coordination to standardize surveillance and reporting of climate-related health impacts such as heat-related deaths, develop knowledge translation strategies to inform the public, and generate clinical and public health response plans that minimize the health impacts;**
- **Increasing funding for research on the mental health impacts of climate change and psychosocial adaptation opportunities; and**
- **Ensuring funding is provided to the health sector to prepare for climate change impacts through efforts to increase resiliency (i.e., risk assessments, readiness to manage disease outbreaks, sustainable practice).**

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- ⁱ Statistics Canada. The Chief Public Health Officer's Report on the State of Public Health in Canada, 2014: Public Health in the Future. Ottawa: Statistics Canada; 2015. Available: <http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2014/chang-eng.php>; (accessed 2016 Sep 19).
- ⁱⁱ The Conference Board of Canada. Meeting the care needs of Canada's aging population. Ottawa: The Conference Board; 2018.
- ⁱⁱⁱ Canadian Medical Association. Meeting the demographic challenge: Investments in seniors care. Pre-budget submission to the House of Commons Standing Committee on Finance. August 3, 2018. <https://policybase.cma.ca/documents/Briefpdf/BR2018-16.pdf>
- ^{iv} The Conference Board of Canada. Measures to Better Support Seniors and Their Caregivers. March 2019. <https://www.cma.ca/sites/default/files/pdf/health-advocacy/Measures-to-better-support-seniors-and-their-caregivers-e.pdf>
- ^v Canadian Intergovernmental Conference Secretariat. News release – First Ministers' meeting communiqué on health. September 11, 2000. <http://www.scics.ca/en/product-produit/news-release-first-ministers-meeting-communiqué-on-health/>. Accessed 04/22/19.
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- ^x Van der Vaart R, Drossaert C. Development of the digital health literacy instrument: measuring a broad spectrum of health 1.0 and health 2.0 skills. J Med Internet Res. 2017;19(1):e27. Doi:10.2196/jmir.6709.
- ^{xi} Financial Consumer Agency of Canada. About FCAC.
- ^{xii} Financial Consumer Agency of Canada. National Strategy for Financial Literacy. Phase 1: strengthening seniors' financial literacy. <https://www.canada.ca/content/dam/canada/financial-consumer-agency/migration/eng/financialliteracy/financialliteracycanada/documents/seniorsstrategyen.pdf>. Accessed 06/24/19. <https://www.canada.ca/en/financial-consumer-agency/corporate/about.html>. Accessed 07/01/19.