


## Acting on today's and tomorrow's health care needs: Prebudget submission to the House of Commons Standing Committee on Finance


<https://policybase.cma.ca/en/permalink/policy14123>

Policy Type: Parliamentary submission  
Date: 2019-Aug-02  
Topics: Health systems, system funding and performance  
Population health/ health equity/ public health

### Documents



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## A new vision for Canada: family practice— the patient's medical home 2019

<https://policybase.cma.ca/en/permalink/policy14024>

Policy Type: Policy endorsement  
Date: 2019-Mar-02  
Topics: Physician practice/ compensation/ forms  
Health systems, system funding and performance

### Documents

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## National consensus on future financing of the Canadian health care system

<https://policybase.cma.ca/en/permalink/policy624>

Policy Type: Policy resolution  
Last Reviewed: 2017-Mar-04  
Date: 1993-Aug-25  
Topics: Health systems, system funding and performance  
Resolution: GC93-24  
That the Canadian Medical Association take a strong leadership role in the development of a national consensus on future financing of the Canadian health care system.



## Principles for consensus on health system financing

<https://policybase.cma.ca/en/permalink/policy626>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1993-Aug-25
Topics:	Health systems, system funding and performance
Resolution:	GC93-26

That the Canadian Medical Association endorse the following primary principles as the basis for developing a new consensus on health system financing: a) Accessibility: Reasonable access to high quality, core health facilities and medical services independent of financial or other barriers, b) Choice: Wherever practicable, Canadian consumers and health care providers should have reasonable choice as to health care setting, mode of delivery (type and location of practice) and method of health care financing, c) Sustainability: The system organization and method of financing the system needs to ensure that core health insurance benefits are commensurate with collective or individual ability to pay through insurance or otherwise, d) Uniformity of core health insurance benefits: The requirement that all bona fide residents of Canada be entitled to reasonably comparable levels of core health insurance benefits, e) Universal coverage: The requirement that all bona fide residents of Canada be entitled to publicly financed core health insurance benefits according to uniform terms and conditions, where core benefits are defined in terms of the most recent evidence available on clinical efficacy and cost effectiveness.



## Medical direction and administrative responsibility

<https://policybase.cma.ca/en/permalink/policy703>

Policy Type:	Policy resolution
Last Reviewed:	2017-Mar-04
Date:	1981-Aug-28
Topics:	Health systems, system funding and performance Health human resources
Resolution:	GC81-17

That the following be adopted as Canadian Medical Association policy: Medical direction and administrative responsibility: a) service departments which carry out prescribed medical diagnostic tests and/or therapy in hospitals or clinics must have a medical director who is accountable to the hospital board through the hospital administrator and professionally accountable through the normal channels to the organized medical staff. Such medical service departments include medical laboratory services, radiological services, respiratory technology, physiotherapy and nuclear medicine services. The appointment of a medical director for each such service department is essential in order to ensure the best possible service to the patient and to the hospital and to coordinate the related medical programs for the patient, b) the size and complexity of some service departments which carry out medical diagnostic tests and/or therapy may require the appointment of administrative assistants to the medical director, and these may be trained in the disciplines of physiotherapy, radiography, medical laboratory technology, respiratory technology, nuclear medicine technology, etc. They should be responsible to the medical director of the hospital services department and should not be head of the department reporting directly to the hospital administrator. In the small centres where there is not a full-time medical specialist on the medical staff the medical director of the service department should be a qualified physician. Such a non- specialized medical director should establish regular communication with a specialist in the field who may be consulted on general and specific questions, c) it is also recognized that some allied health personnel working in service departments have advanced technical and/or treatment skills. These should be recognized and profitably utilized always under the supervision and accountability of the medical director of the specific service.



## Ambulance services

<https://policybase.cma.ca/en/permalink/policy786>

Policy Type: Policy resolution

Last Reviewed: 2017-Mar-04

Date: 1975-Jun-25

Topics: Health human resources

Health systems, system funding and performance

Resolution: GC75-21

The Canadian Medical Association, recognizing the vital role of ambulance services in providing mobile life support for the acutely ill and injured, recommends that i) ambulance services be considered, where practicable, a direct extension of a hospital emergency department and integrated with the emergency services, ii) ambulance services incorporate standards of personnel education, vehicular design and life support equipment commensurate with those of the overall emergency care system.