

Submission prepared by the CMA

Learning from the pandemic – Transforming and improving Quebec’s health care system

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Introduction

Founded in Quebec City in 1867, the Canadian Medical Association (CMA) unites members of the medical profession in Canada to improve the health of Canadians and strengthen the country's health care systems. Speaking on behalf of the medical profession, the CMA stands for professionalism, integrity and compassion. The CMA in Quebec complements and collaborates with Quebec's existing medical bodies.

It is from this perspective that the CMA would like to share its recommendations with regard to certain health priorities. These recommendations were developed based on science, medical practice and the views of physicians and patients.

This past year, which has finally come to a close, was particularly trying for members of the medical community. They not only had to deal with a global pandemic but had to work within a health care system whose flaws have finally been exposed. The pandemic presents many challenges but also offers lessons to be learned. This is our chance to transform and improve the system.

In this vein, the CMA suggests prioritizing action on the following:

- Physician mental health and wellness
- Access to virtual care and making telemedicine universally accessible
- Care quality and access for vulnerable populations
 - Seniors (especially with regard to home care and support for caregivers)
 - Indigenous communities
- The impact of climate change on health

It would be our pleasure to help you identify solutions to improve the care offered in Quebec by drawing on successful experiences from across the country and worldwide.

Physician mental health and wellness

We want to highlight from the outset the exceptional dedication of the members of the medical community and everyone else who has a hand in delivering health care and services. Over the past months, the contribution and commitment of these individuals has been invaluable, and at times came at a risk to their own safety and mental or physical health. These tremendous acts of kindness and professionalism deserve to be acknowledged, which is why we are suggesting that the government take concrete measures to recognize the maintenance staff, kitchen staff, nurses, orderlies, physicians and care facility managers who have put in so many extra hours to care for the public.

The pandemic has highlighted the growing need for members of the medical community to have access to additional wellness and mental health support. This year has proven more than ever the need for the Quebec Physicians' Health Program (QPHP), which also supports medical students and residents. Created in 1990, the program was already in high demand because of health care cutbacks and recent reforms and has played an even more vital role during the crisis, as health care professionals have been pushed to the limit and faced unprecedented staffing shortages.

Physicians are often seen as workers before being seen as humans, and not only from the health care system but also from patients. That can definitely affect their mental health and at the end of the day that will have an impact on care quality. The pandemic exacerbates this reality with the high level of stress that they are facing.

– Elke Hutton, member of CMA Patient Voice

Reviewing the literature, it is clear that front-line clinicians risk seeing their physical and mental health directly affected as a result of the pandemic.¹ Fighting on the front lines of the COVID-19 crisis makes health care workers vulnerable to psychological distress. Findings show that health care workers have elevated levels of depression, stress, anxiety, distress, anger, fear, insomnia and post-traumatic stress disorder. Women and nurses have been disproportionately affected. Front-line nurses work for long hours in close contact with patients, which can cause fatigue, stress and anxiety. This finding warrants further research to aid in future planning. Strategies should be established to reduce the burden of stress felt by front-line workers.¹

The situation is no different for Quebec, according to a study published by the Université de Sherbrooke this fall, which shows that health care personnel are at higher risk of feeling the psychosocial impact of the pandemic and that symptoms of depression (24.5%) are especially prevalent.³

There are multiple factors impacting mental health, such as overwork, the inability to take time off, brownout, tensions with peers and reassignment. Other factors are also affecting morale, such as the rising death count and family tensions.

– Dr. Karine Igartua,

President of the Association des médecins psychiatres du Québec, May 2020⁴

The lack of personal protective equipment

Physicians' mental health was affected by the lack of proper personal protective equipment (PPE), as well as by overwork, the countless deaths in seniors' homes, the deteriorating condition of patients requiring treatment because of lockdown and reduced services, uncertainty about how the virus is changing, and the harmful effects of a reduction in health care services more broadly. In a second survey published in the same period, more than one physician in two said they do not have access to adequate PPE.⁵

According to the Quebec Physicians' Health Program, the scientific literature has made it increasingly clear that health care workers are experiencing considerably higher levels of stress related to fear of infection, shortages of adequate PPE and, in some cases, financial precarity for those who contract the disease. Care providers are forced to deal with different systemic issues that can exacerbate personal problems, including family tensions associated with the pandemic. This makes an approach focused purely on the personal angle extremely inefficient, as it means problems cannot be tackled at the root and in-depth solutions cannot be implemented to address organizational factors.⁶

There just wasn't enough equipment. The authorities had not built up proper stockpiles over the years, in Canada and in many other countries. I think that there's potentially a great deal to be learned about how supplies are managed when we review our performance after the crisis is over.

– Dr. Abdo Shabah, Quebec representative on the CMA Board of Directors

The consequences of physicians' stress are also of concern to the public. A survey conducted on behalf of the CMA that was published on Oct. 1, 2020, showed that 95% of respondents said physician health and wellness has an impact on the health care system.⁷

Physicians are often facing a high level of stress and this can be a contributor to their mental health. That can have a real impact on patient care quality and their feeling of security as well as the whole patient experience, including the compassion that they are expecting.

– Claire Snyman, member of CMA Patient Voice

Pressures on the profession

The growing numbers of people on surgical wait lists have long been considered a problem, and the situation has only worsened as a result of the pandemic. The most recent data available show that the number of people who have been waiting more than six months for the most common surgical procedures has, at minimum, doubled, and possibly even quadrupled,⁸ from March to September 2020.⁸ The latest data show there are 140,000 people in Quebec waiting for surgery. This problem is of grave concern to patients, as delays can cause their condition to worsen. Long wait lists are therefore an additional stressor for medical staff, who can see their patients' health deteriorating for preventable reasons. In a survey of the members of the Fédération des médecins spécialistes du Québec, 53% of respondents said that they were affected by being unable to care for their patients, and 44% were affected by their patients' worries.

The organization of health care in Quebec must be studied. The current shortage of nurses that is leading to medical understaffing is not a new problem, as there have never been enough active nurses in Quebec.¹⁰ Nurses are also suffering from exhaustion, elevated levels of stress and overwork.

According to a CMA report produced by Deloitte in October 2020, additional funding of \$325.7 million would be required to clear the backlog and return wait times back to pre-pandemic levels for six procedures: cataract surgeries, hip and knee replacements, coronary artery bypass grafts, MRI scans and CT scans.¹¹ The report indicates that this level of funding could help wait times return to pre-pandemic levels within 12 months. With 140,000 people in Quebec on wait lists as of Jan. 13, 2021, more funding and time will undoubtedly be needed as the situation continues to deteriorate.

There are no doubts that the impact of the pandemic will be felt for years to come. But for many Canadians, it could become a serious quality of life issue as they wait for their procedures.

– Dr. Ann Collins, president of the CMA

Providing medical personnel with lasting solutions

Some Canadian provinces have implemented initiatives to support medical personnel facing situations similar to those of health care workers in Quebec. This is the case in British Columbia, where the government had support from the Canadian Mental Health Association in creating *Care for Caregivers*, an online resource specifically dedicated to health care workers on the front lines of the pandemic.¹²

In Ontario, the Centre for Mental Health Sciences has provided an assessment and support service for health care workers experiencing mental health issues.¹³ Workers have their needs assessed and they are provided with an appropriate referral.

In Quebec, the federations contribute to the Quebec Physicians' Health Program, but its resources are limited. The government of Quebec also recently announced additional and ongoing funding for a separate but no less essential issue: preventive health services and health protection support for farmers. The dedicated agency will be able to provide more local services and resources for farmers across Quebec.¹⁴ It would be a good idea to consider an equivalent for health care workers.

Both short-term and long-term solutions are badly needed to better support physicians and health care professionals.

CMA recommendations on physician health and wellness

The CMA recommends:

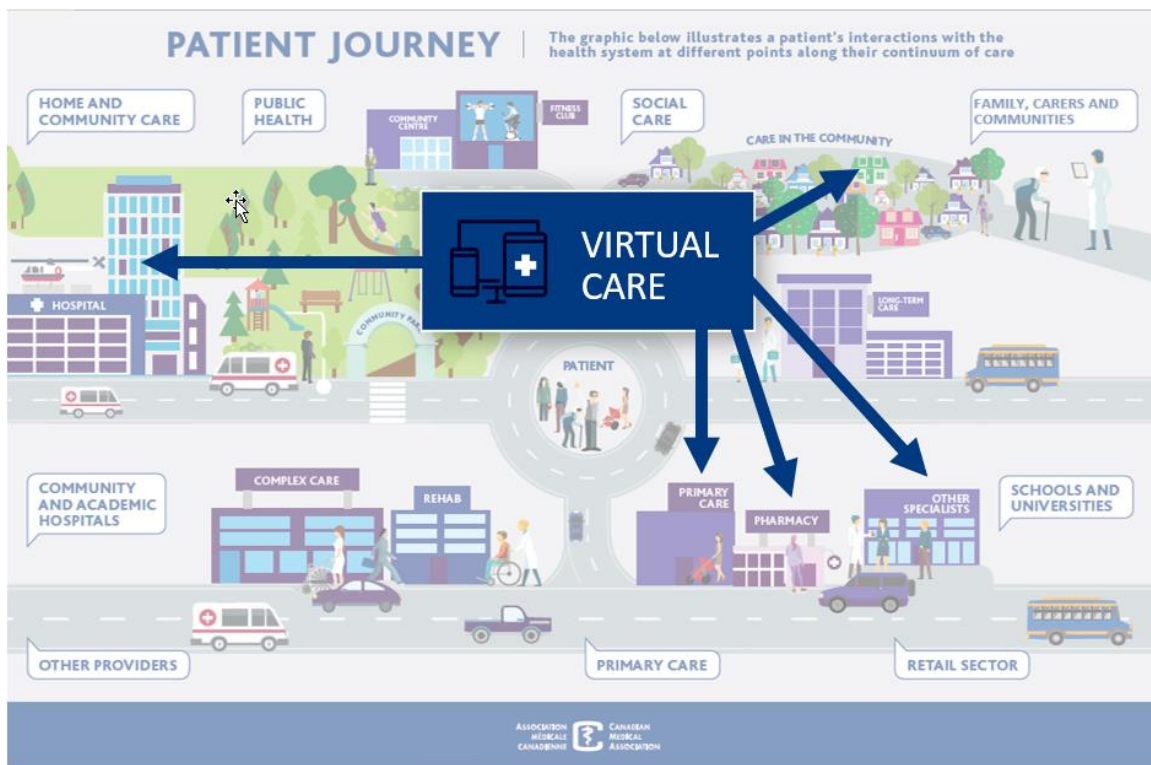
- 1. that ongoing funding be granted to the Quebec Physicians' Health Program to scale up interventions and support in regions across Quebec;**
- 2. that expedited measures be developed and implemented to clear the backlog of surgical wait lists by using efficiency-boosting medical technology or telemedicine to serve people waiting for in-person follow-ups and consultations.**

Access to care

Access to virtual care and making telemedicine universally accessible

The crisis could be an opportunity to improve the health care system. Virtual care has developed and been implemented at a rapid pace over the course of the pandemic, and physicians have quickly adapted to meet the needs of their patients.

In February 2020, the CMA joined the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada to present a guide to virtual care. The rapid deployment of virtual care we are seeing today would have been unthinkable at that time. The challenge now is to ensure that teleconsultation activities can continue to be provided at various points throughout the patient journey.



The public appears to appreciate these new types of consultation. A survey released in June 2020 by the CMA on telemedicine consultations¹⁵ found that:

- 51% of Quebec respondents would prefer their first consultation to be via telemedicine rather than in person
- 37% of Quebec respondents think that this would improve overall public health
- 47% of Quebec respondents say that this would have a positive impact on overall health care costs
- 54% of Quebec respondents would find it better adapted to their lifestyle

Access to care in rural areas remains a real problem. Virtual care can be a part of the solution, but this first requires Internet access, as well as for physicians and patients to have an open attitude. I think this has partially occurred with the pandemic. These changes have also taken place quite rapidly and physician compensation will need to be reviewed accordingly, as it's a new approach to medical practice.

– Robert Carignan, member of CMA Patient Voice

Virtual care has not yet been implemented broadly enough. In 2019, the CMA, the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada established the Virtual Care Task Force to identify digital opportunities to improve health care delivery, including what regulatory changes are required across provincial/territorial boundaries. To take full advantage of digital health capabilities, it will be essential for the entire population to have a functional level of digital health literacy and access to the Internet. The governments of Canada and Quebec consider access to high-speed Internet to be an essential service, but 1 out of 10 households in Quebec do not have such access.¹⁶

In 2018, the provincial government pledged to provide everyone in Quebec with access to high-speed Internet by 2022. By October, it appeared increasingly unlikely that this would still be possible. In December 2020, the federal government announced the creation of the Universal Broadband Fund, which is part of Canada's connectivity strategy.¹⁷ Rapid deployment is intended, as eligible provincial projects must be introduced before Feb. 15 and completed by November 2021.

CMA recommendations on virtual care

The CMA recommends:

- 3. that a publicly funded equal access and service delivery program for virtual care be created;**
- 4. that a concrete action plan be developed and projects submitted for rapid implementation to tackle high-speed Internet access inequalities in rural areas.**

Health care by and for Indigenous people

The recent tragedy in the Joliette region was a reminder of how far there still is left to go to guarantee access to health care free of discrimination for Indigenous people. Consultations were held following this tragic event, leading to the publication of "Joyce's Principle."¹⁸ This document proposes realistic and promising solutions to make health care and social services systems safer for Indigenous people, as well as ideas on how to eradicate the discrimination that Indigenous people too often face.

The CMA took a keen interest in this document's recommendations and encourages officials in the departments responsible for health care and Indigenous affairs to engage in discussions with community representatives to ensure that some of these ideas can be implemented. It seems particularly essential for stakeholders within the health care system to have an understanding of Indigenous culture. This is why we support providing training on Indigenous issues to promote greater openness, recognition and respect for traditional forms of Indigenous health knowledge, which are still vibrant to this day.

Too many people from Indigenous communities are still deprived of care. The system's failure to understand the issues faced by these communities is a major barrier to ensuring they have access to health care. In our opinion, proper understanding of these issues is key to fostering a healthier and more trusting environment, which would make work easier for a future ombudsman of Indigenous health.

We are privileged to have so much ethnic diversity in our society and we should take advantage of it. It is essential that we share our skills and knowledge with regard to health care, both for Indigenous and non-Indigenous communities. Physicians should be exchanging with communities throughout every stage of their career, both during their initial education and through ongoing training.
– Géraldine Jippé, member of CMA Patient Voice

CMA recommendations on care for Indigenous people

The CMA recommends:

- 5. that training on respecting living traditions be implemented and funded, in collaboration with representatives from Indigenous communities, to be given to health care workers and medical students;**
- 6. that an ombudsman's office for Indigenous health be created as described in "Joyce's Principle."**

Tailored support to meet the needs of seniors and caregivers

The pandemic had a serious impact on seniors, one of the largest vulnerable populations in our society. This was amply demonstrated in the spring, as seniors saw the highest rates of infection and made up the highest proportion of deaths.

The COVID-19 pandemic once again highlighted the importance of providing seniors with adequate and sufficient high-quality home care. In Quebec, in-home care is the preferred choice of a majority of seniors. With an aging population and increasing life expectancy, seniors' needs are changing, as they require more extensive support on a more frequent

basis, often daily. Vulnerable seniors in need of home care are not currently receiving visits often enough to ensure their safety. According to a recent survey conducted by the Réseau FADOQ, 72% of people receiving home care before the pandemic saw reduced services during the crisis, which contributed to a deterioration of their health.¹⁹ In this context, caregivers are becoming an increasingly integral part of the health care system and represent an important resource to promote seniors' health and safety.

The number of unpaid hours that caregivers work is also increasing significantly. Their contribution must be recognized, especially so they can be provided with the support they need for their well-being.

- In Quebec, 2.2 million people (35%) provided care to a senior according to the most recent data from 2016.²⁰
- Of these, around 15% spent more than 10 hours a week as a caregiver.²⁰
- In Canada, close to 80% of all assistance to recipients of long-term care was provided by family caregivers.²²
- Caregivers contributed over five billion dollars' worth of unpaid services for Canada's public health care system.²²
- 20% of caregivers experience financial insecurity.²²

Quebec is leading the way in becoming the second Canadian province, after Manitoba, to acknowledge the contribution of caregivers and grant them legal status. However, although Quebec provides caregivers with indispensable financial support through a tax credit, more support is needed for these people who give their time every day, sustain financial losses and compensate for the lack of resources in the health care system. Some jurisdictions, such as Nova Scotia and the United Kingdom, offer attendance allowances in addition to tax credits to support low-income family caregivers.

Caregivers are an integral part of the health care system. They play an important complementary role but they cannot assume 100% of the responsibilities due to the following factors: Firstly they are not typically qualified to accomplish the day-to-day tasks associated with the potential heavy care needs of their charge. Secondly, it is very demanding physically to take care of someone on a daily basis. Thirdly and most importantly, the emotional load involved is significant. In many situations the caregiver has not only their charge to look after but also their own family—sometimes young or teenage children who need them as well. It is emotionally draining to decide who needs you more and how to divide yourself in half! Unless you live this experience, it is difficult to believe how much mental energy and stress are involved.

– Jean Johnston-McKitterick, member of CMA Patient Voice

We agree that it is important to develop both short- and long-term solutions to providing in-home care for our seniors, as this issue is a real priority.

CMA recommendations on meeting the needs of seniors and caregivers

The CMA recommends:

- 7. that the tax credit for caregivers and the tax credit for respite of caregivers be enhanced so that they better reflect the costs borne by caregivers;**
- 8. that an attendance allowance for seniors and caregivers be created to better help caregivers handle the increasing costs of health care spending;**
- 9. that resources be increased for caregiver respite and the rollout of respite homes for caregivers;**
- 10. that home support services for patients and caregivers be increased.**

The CMA in Quebec also supports the call to increase Canada Health Transfers and reiterates that demographic analyses measuring the percentage of seniors should be factored into the calculation for provincial allocations.

Summary of recommendations

On physician health and wellness, the CMA recommends:

1. that ongoing funding be granted to the Quebec Physicians' Health Program to scale up interventions and support in regions across Quebec;
2. that expedited measures be developed and implemented to clear the backlog of surgical wait lists by using efficiency-boosting medical technology or telemedicine to serve people waiting for in-person follow-ups and consultations.

On virtual care, the CMA recommends:

3. that a publicly funded equal access and service delivery program for virtual care be created;
4. that a concrete action plan be developed and projects submitted for rapid implementation to tackle high-speed Internet access inequalities in rural areas.

On care for Indigenous people, the CMA recommends:

5. that training on respecting living traditions be implemented and funded, in collaboration with representatives from Indigenous communities, to be given to health care workers and medical students;
6. that an ombudsman's office for Indigenous health be created as described in "Joyce's Principle";

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