

CMA submission

CMA 2022 Pre-Budget Submission

Submission to the House of Commons Standing
Committee on Finance

August 5, 2021

The Canadian Medical Association has been the national voice of Canada's medical profession since 1867.

Recommendations:

Recommendation 1: Increasing the Canada Health Transfer

That the federal government invest in a new, long-term and sustained commitment to increasing federal health funding via the Canada Health Transfer to provincial and territorial governments. As part of a commitment to increased federal health funding, deliver targeted funding to improve equitable access to:

- integrated home and community care
- mental health care
- virtual care as part of publicly funded primary care and specialist care

Recommendation 2: Enabling Access to Primary Care

That the federal government invest \$2 billion in a new, one-time Primary Care Access Fund to rapidly expand access to vital primary health care providers in Canada and invest \$2 million to assess opportunities and capacity for inter-professional training of family physicians and other professionals in the area of primary health care.

Recommendation 3: Increasing Public Health Capacity

That the federal government invest an initial \$1 billion in Budget 2022, with a commitment of additional funding over the next five years, to transform public health in Canada, bolstering public health capacity and addressing existing gaps identified during the pandemic.

Recommendation 4: Establishing an Older Adults Care Benefit

That the federal government act on lessons learned regarding our approach to caring for older adults and invest \$500 million in Budget 2022 to establish an older person care benefit.

Recommendation 5: Reducing Interprovincial Mobility Barriers for Health Professionals

That the federal government support reducing interprovincial barriers to the mobility of health care workers in Canada by initiating a Parliamentary review on the regulatory barriers to the mobility and deployment of Canada's health human resources under the Canadian Free Trade Agreement and invest \$2 million for a comparative assessment of provincial and territorial licensing and certification requirements for regulated health professions.

Introduction: Reimagining Health Systems as part of Canada's Pandemic Recovery

The dedication and resolve of the professionals who provide the nation's health care has been on full display for the past year and a half. Their efforts, however, cannot balance out the larger failings of the systems. Commendable and timely investments by the federal government are preliminary responses to the inequities made worse by the initial waves of the pandemic.

Canada must address these inequities and secure a sustainable and equitable future for health and health care. The pandemic opened the nation's eyes to the glaring deficiencies of our social and health care systems, from the lack of access to primary care, to the absence of national standards for long-term care resulting in unimaginable suffering. Limited resources were stretched to the breaking point. Wait times for procedures, that were often already lengthy, grew longer causing pain and harm. The pandemic also disproportionately affected equity-relevant populations. Delivering an effective response to these shortfalls is how we will prevent further strain on our health care systems and improve them for everyone in the future. The CMA appeals to Parliamentarians to deliver critical investments in our health care foundations.

Recommendation 1: Increasing the Canada Health Transfer

The CMA recommends that the federal government invest in a new, long-term and sustained commitment to increasing federal health funding via the Canada Health Transfer to provincial and territorial governments. As part of a commitment to increased federal health funding, deliver targeted funding to improve equitable access to:

- integrated home and community care
- mental health care
- virtual care as part of publicly funded primary care and specialist care

In 2021, the federal government delivered a one-time investment of \$4 billion to address the backlog of health services and procedures during the early months of the pandemic. While the preliminary investment was prudent and laudable, waiting times for surgical and diagnostic procedures have continued to increase as subsequent waves of the pandemic caused increased backlogs. Further, health systems continue to fall short of meeting the care needs of Canada's aging population. In its 2021 fiscal sustainability report, the Parliamentary Budget Officer warns that, "rising health care costs due to population ageing drive the deterioration in subnational government finances over the long term...[and] some subnational governments face significant budgetary pressures owing to reduced federal transfers."

Canada's health care systems require a commitment to increased and sustained funding to support the health of people in Canada. In the near term, health systems will be grappling with higher waiting times due to the backlog of procedures and unmet health needs during the pandemic. Over the longer-term, an increase in transfers to the provinces and territories would address the need for health services, including integrated community and home care for our aging population and increased demand for timely access to mental health services. The Canada Health Transfer is the largest federal transfer to the provinces and territories, but it does not currently address the imbalance in population segments, including older adults. This imbalance must be addressed.

Recommendation 2: Enabling Access to Primary Care

a. Creation of a Primary Care Access Fund

The CMA recommends that the federal government invest \$2 billion in a new, one-time Primary Care Access Fund to rapidly expand access to vital primary health care providers in Canada. Building on the past success of the federal government's Primary Health Care Transition Fund, this initiative would expand the establishment of the sustainable, medical home model proven to enable timely access to primary care and support continuity of care for patients.

The CMA proposes that both in-person and virtual models of team-based care would be eligible for the Primary Care Access Fund and each would be held to reporting provisions and accountability plans that meet the planning needs of federal and provincial/territorial governments.

The goal is to ensure that care provided across Canada meets the needs of patients today and in the future. By shifting away from reactionary care toward an approach of continuous prevention and management, we can achieve the superior health outcomes Canadians deserve.

b. Ensuring Future Access to Integrated, Team-Based Primary Care: Assess Training Capacity

The CMA calls on the federal government to invest \$2 million to assess opportunities and capacity for inter-professional training of family physicians and other professionals in the area of primary health care and to identify and assess opportunities and capacity for inter-professional training of family physicians and other professionals in the sphere of primary health care.

Demand continuously outweighs the supply of family physicians in Canada. In December 2020 there were 2,055 advertised full-time positions for family physicians across the country. By comparison, in 2018, just 1,488 new family physicians graduated from post-MD training. This 27.6% shortfall was remarkably similar in 2019.

First Ministers have called for inter-professional team-based care since 2000. Yet, there is little information available regarding the extent to which physicians are trained alongside other health professionals such as nurses, social workers, pharmacists, rehabilitation professionals and others.

There is a need to investigate the gap in our collective understanding of the issue to move forward with a plan that will increase Canadian's timely access to care.

Recommendation 3: Increasing Public Health Capacity

The CMA recommends a federal investment of an initial \$1 billion in Budget 2022, with a commitment to additional funding over the next five years. This investment would transform public health in Canada by bolstering capacity and addressing gaps identified during the pandemic.

For a society to maintain the health of its people, it must have the capacity to manage health at a population level. This includes addressing chronic and infectious diseases, injuries, the environment, the health opportunities and outcomes of equity-relevant populations and the social determinants of health where people live, work, study and play.

We have witnessed myriad ways in which pandemics pose an exceptional challenge to public health. It is critical that we learn from the challenges that COVID-19 inflicted. Addressing capacity is an integral part of that process. We cannot afford to miss this unprecedented opportunity to introduce transformative changes in public health. There are gaps in public health resourcing and serious health inequities in our country. These issues must be tackled if we are to build back better.

Canada's ability to undertake the tasks associated with responding to the next major crisis, as well as the fundamental services that promote health and resiliency, is entirely dependant upon our resources and capacity. Federal investment must include a robust, cohesive pan-Canadian public health data system and the development of specialized public health human resources.

A sensible launch point includes a one-time federal investment to implement recommendations from an anticipated review of Canada's pandemic performance with additional investments over the next five years to bolster public health capacity.

Recommendation 4: Older Adult Care Benefit

The CMA recommends that the federal government invest \$500 million in Budget 2022 to establish an Older Adult Care Benefit.

Canada must do more to support older adults. Rising out-of-pocket expenses associated with older persons care could extend from \$9 billion to \$23 billion by 2035¹. An Older Adult Care Benefit would directly support older adults and those who care for them. Like the Child Care Benefit, it would offset the high out-of-pocket health costs that burden caregivers and patients. As the Prime Minister stated, "Canada's seniors have done so much for our country, and we need to be there for them." This was true during the pandemic and it is true following the pandemic. We must invest in a system that respects this principle. The financial support offered by the Older Adults Care Benefit will help older adults retain their dignity and allow them greater comfort through what should be their golden years.

Recommendation 5: Reducing Interprovincial Mobility Barriers for Health Professionals

A sick population does not support a healthy economy.

The CMA recommends that the federal government supports reducing interprovincial barriers to the mobility of health care workers in Canada. This can be done by initiating a Parliamentary review of the regulatory barriers to the mobility and deployment of Canada's health human resources under the Canadian Free Trade Agreement and by investing \$2 million to assess provincial and territorial licensing and certification requirements for regulated health care professions as part of the Budget 2021 commitment to accelerate the reduction of trade

¹ Heschl, Christopher, and Alan Arcand. Measures to Better Support Seniors and Their Caregivers. Ottawa: The Conference Board of Canada, 2019

barriers within Canada. These studies should investigate the flow of health care providers to and from Canada and how a license to practice across the country (for each profession) would improve access to care.

The current provincial-territorial regulatory-licensure framework creates a patchwork of varied licensing requirements and standards of practice. Any health professional wishing to provide care, whether in person or virtually, for patients in a jurisdiction other than their normal practice location must, with few exceptions, go through what may be a lengthy process of becoming licensed in that jurisdiction. The results are potential delays in the provision of care. Virtual care, a trend accelerated by COVID-19, is now an expectation. The use of this delivery system of care, while supported by modern technology, is not currently supported by a relevant or appropriate regulatory structure.

Physicians and other health care providers have the qualifications and skills to deliver quality care to residents across all provinces and territories. There is no reason they should be obstructed by artificial barriers. The federal government is in a unique position to champion this cause, drawing on its experience from areas of its own health care jurisdiction.

Conclusion

The pandemic has emphasized the need for greater investment to achieve equitable access to health care. The opportunity to address multiple shortages lies before us. Canada's leadership must rise to this challenge. Delivering the best care our nation has ever had is within grasp. It demands a steady hand to secure the final sutures. Our doctors know it. Our patients need it. The future stability of our country requires it.