CMA 2024 Pre-Budget Submission

Submission to the House of Commons Standing Committee on Finance

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Summary of Recommendations

Recommendation 1: Sustained health care funding with measurable results
• Collaborate with provinces and territories to establish federal health funding with clear, measurable targets that enhance patient access, improves working conditions, and modernizes Canada’s health systems.

Recommendation 2: Federal leadership for integrated health human resources planning
• Deliver targeted investments to develop integrated and data-informed pan-Canadian health human resources plans, including continued and sustained funding for developing a Centre of Excellence on Health Workforce Data and Planning.

Recommendation 3: Scale up collaborative, interprofessional primary care
• Improve routine primary care access from 85% to 90% within five years, and to 95% within 10 years by leveraging the Canada Health Transfer (CHT) to provide funding for interprofessional primary care teams.

Recommendation 4: Improve physician mobility with a pan-Canadian licensure model
• Support provincial and territorial governments in the modernization of their regulatory frameworks by helping them establish pan-Canadian licensure.
• Provide ongoing, sustained operational funding for the National Registry of Physicians (NRP).

Recommendation 5: Reduce administrative burdens on physicians
• Contribute to reducing administrative burdens on front-line health care providers through a review of new and existing federal forms with consultation, setting targets to reduce administrative burdens, and sharing of best practices.

Recommendation 6: Advance reconciliation in Canada’s health system
• Support Indigenous organizations’ health priorities and implement the Truth and Reconciliation Commission’s (TRC) Calls to Action, the National Inquiry into Missing and Murdered Indigenous Women and Girls’ (MMIWG) Calls for Justice and Canada’s Anti-Racism Strategy.

Recommendation 7: Support climate resilient health infrastructure
• Provide sustained investments in health infrastructure to improve Canada’s resilience, reduce Canada’s GHG emissions and ensure health infrastructure is managed in a more sustainable way.
Introduction

The Canadian Medical Association (CMA) respectfully submits the recommendations outlined in this brief to the House of Commons Standing Committee on Finance for consideration as part of the pre-budget consultation for Budget 2024.

As the national organization representing physicians, the CMA is acutely aware of the concerns Canadians have about health care access and timeliness of care. Targeted federal investments in Budget 2024 that deliver measurable results are fundamental to improving health care delivery in Canada.

Recommendation 1: Sustained health care funding with measurable results

Ongoing shortcomings in health care funding have been evident to those within the medical community for years. Those shortcomings are now apparent to those who rely on it. In February 2023, federal, provincial and territorial (FPT) governments agreed on a new health funding arrangement. The federal government will invest more than $196 billion in health care over 10 years, including $19 billion in new funding through the Canada Health Transfer and $25 billion for bilateral health agreements.

The CMA recommends that the federal government collaborate with provinces and territories to establish federal health funding with clear, measurable targets that enhance patient access, improves working conditions, and modernizes Canada’s health systems.

High-performing health systems track performance using a comprehensive set of metrics and use targets to orient investments and decision-making. Measurable targets will be critical to inform patients and providers on how our health systems are working and where attention is needed most. Continued collaboration by FPT governments on targeted health care funding will ensure Canadians have more timely and equitable health care when and where they need it.
Recommendation 2: Federal leadership for integrated health human resources planning

There is no health care system without health care workers. On average, Canada is behind other OECD countries with only 2.41 physicians per 1000 people. We cannot take health workers for granted as an unlimited resource. It is critical that those who have dedicated their professional lives to caring for us be urgently and effectively taken care of.

The CMA recommends that the federal government deliver targeted investments to develop integrated and data-informed pan-Canadian health human resources plans, including continued and sustained funding for developing a Centre of Excellence on Health Workforce Data and Planning.

Integrated health human resources planning will require the ability to look across professions, from the education pipeline through to retirement, to ensure we are planning and building for the health care system we want and need. Health human resources data needs to be improved so it can accurately tell us where and how physicians and health workers are resourced across the country. Targeted and sustained funding towards the creation of a Centre of Excellence on Health Workforce Data and Planning is a positive step that will better enable coordination and collaboration of our health systems, manage pan-Canadian health human resources, and inform long-term health system planning.

Recommendation 3: Scale up collaborative, interprofessional primary care

There is a transition point where access delayed becomes access denied. More than six million Canadians do not have access to a regular primary care provider. Primary care is the foundation of an effective health care system. It’s the front door for a broad range of preventive and treatment needs, and for referral to more specialized care when required.

The CMA recommends that the federal government improve routine primary care access from 85% to 90% within five years, and to 95% within 10 years by leveraging the CHT to provide funding for interprofessional primary care teams. This includes:

- dedicating $1.2 billion over four years to a one-time Primary Care Integration Fund to support the adoption of the Patient’s Medical Home model; and
- allocating $2 million to assess the interprofessional training capacity of faculties of medicine and health sciences.

Immediate and targeted investments with measurable results towards strengthening primary care will contribute to improving the quality and appropriateness of patient care, lowering health care costs, and promoting a healthier population.
Recommendation 4: Improve physician mobility with a pan-Canadian licensure model

Currently, health workers must go through a separate license application and pay a separate fee for each jurisdiction where they practice, creating unnecessary barriers to labour mobility. Multi-jurisdictional credential recognition for key health professionals and streamlining foreign credential recognition processes for internationally educated health professionals is critical to advancing health workforce mobility within Canada.

The CMA recommends that the federal government support provincial and territorial governments in the modernization of their regulatory frameworks by helping them establish pan-Canadian licensure.

Key steps have already been taken in this direction. Most notably, the Atlantic Registry is the first regional physician licensure program in the country. Pan-Canadian licensure would go even further to alleviate the pressure on the medical workforce in rural and remote communities, enable a more efficient response to emergencies, and support virtual care across provincial and territorial borders. It would also provide urgently needed support for physician work-life balance, potentially improving retention rates by making it easier for doctors and hospitals to fill locums for holidays, parental and educational leaves.

In addition, the CMA recommends the federal government provide ongoing, sustained operational funding for the National Registry of Physicians (NRP).

In October 2022, the Medical Council of Canada (MCC) received funding from Health Canada’s Sectoral Workforce Solutions Program to develop the NRP. The NRP will be the first centralized and comprehensive source of data on physicians licensed to practice in Canada, accessible to key stakeholders. This will eliminate the current need to collate multiple files from Medical Regulatory Authorities (MRA) and other sources that can be outdated or inaccurate, resulting in mistakes. Current funding only supports development and cannot be used for ongoing operational and maintenance costs of the NRP, nor the eventual addition of new functionality. Ongoing costs of additional development to address deficiencies, quality assurance, and maintenance, could represent up to three million dollars per year. Providing ongoing, sustained funding for the NRP will greatly facilitate pan-Canadian licensure.
Recommendation 5: Reduce administrative burdens on physicians

Physicians are overloaded by administrative work that impacts patient care, professional practice, and the effectiveness of the health system. They spend an estimated 18 million hours on administrative tasks yearly, with much of it considered unnecessary. The 2021 National Physician Health Survey revealed that nearly 60% of physicians have said these are issues that directly contribute to worsening mental health. 75% of physicians also report that their administrative workload is an impediment to caring for their patients and their satisfaction in work.

When it comes to federal jurisdiction, physicians across the country receive numerous requests from patients applying for various federal benefits (e.g., Disability Tax Credit, Canada Pension Plan Disability, Non-Insured Health Benefits). Navigating the extensive paperwork and associated processes can take hours of time for physicians and patients, as well as reduce time for direct patient care.

To contribute towards reducing administrative burdens on front-line health care providers, the CMA recommends that the federal government:

- review existing federal forms and associated processes, with physician input, to consider how they could be improved to reduce administrative burdens. This should include an inter-departmental review to ensure that there is no duplication between federal forms and programs.
- ensure the consideration of new federal forms/processes requiring medical input includes consultation with the medical community and other pertinent care providers.
- set targets to track progress on reducing the federal government’s administrative burden on front-line health care providers.
- share best practices with provincial, territorial and municipal governments.

Significant progress could be made in this area in a short period of time. Some jurisdictions, such as Nova Scotia, have set concrete targets with physician input to identify specific forms and processes that could be shortened, eliminated or completed by someone other than a physician. A coordinated, pan-Canadian approach to reducing administrative burdens would help streamline many processes and eliminate redundant requests on a larger scale.
Recommendation 6: Advance reconciliation in Canada’s health system

Indigenous Peoples in Canada face inequities in accessing health care because of a wide range of systemic barriers, including colonialism and racism. These barriers have led to disproportionately poorer health outcomes in comparison with the non-Indigenous population in Canada.

To help address these health inequities, the CMA recommends that, in the spirit of true collaboration and partnership, the federal government:

- support the health priorities of Indigenous organizations to achieve measurable, ongoing improvements in health and wellness. This includes increasing data collection, considering and expanding alternate formal and informal mechanisms for reporting racism as outlined in national dialogues on addressing anti-Indigenous racism in health systems, building a continuum of care from pre-birth to death for First Nations, eliminating tuberculosis in Inuit regions by 2030 and supporting Métis settlements so they can continue delivering critical health services to their communities; and
- further accelerate its commitments to implement the TRC’s Calls to Action, the National Inquiry into MMIWG’s Calls for Justice and Canada’s Anti-Racism Strategy.

Recommendation 7: Support climate resilient health infrastructure

Climate-related emergencies pose physical risks to health infrastructure, including access to power, drinking water, emergency response facilities, road and air medical evacuation services, and supply chains for equipment, supplies and medicine. Forced evacuations from health care facilities due to floods and wildfires are already a reality in Canada. Disruption from climate-related events like wildfires and floods can disable critical health infrastructure exactly when it is most needed.

The CMA recommends that the federal government provide sustained investments in health infrastructure to improve Canada’s resilience to climate change, reduce Canada’s greenhouse gas (GHG) emissions and ensure health infrastructure is managed in a more sustainable way.

Federal investment in health care infrastructure will increase the climate resiliency of Canada’s health care system and contribute to Canada’s net-zero goals. The health care sector is estimated to be responsible for 4.6% of Canada’s total GHG emissions. Canada has the second highest per capita GHG emissions from the health sector in the world. Health care facilities in Canada are among the oldest public infrastructures in use today – almost 50% of health care facilities were built over 50 years ago. Funding for health care infrastructure will be critical to achieving the goal of a sustainable health care system.
Conclusion

The CMA is calling for the implementation of the above recommendations in Budget 2024 to urgently address the gaps in health care and lay the foundation for a robust health system moving forward. The CMA welcomes the opportunity to collaborate with the federal government to deliver concrete results and improve health outcomes for all people in Canada.
References

Canada Health Infoway, 2022 Canadian Digital Health Survey, https://insights.infoway-inforoute.ca/2022-patient-access-to-health-information/


