A Healthy Population for a Stronger Economy: The Canadian Medical Association’s Presentation to the Standing Committee on Finance’s pre-budget consultations

https://policybase.cma.ca/link/policy10228

POLICY TYPE  Parliamentary submission
DATE  2011-10-18
TOPICS  Health systems, system funding and performance
Population health, health equity, public health

Documents
A Doctor for Every Canadian – Better Planning for Canada’s Health Human Resources: The Canadian Medical Association’s brief to the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities – Addressing Existing Labour Shortages in High-Demand Occupations

https://policybase.cma.ca/link/policy10387

POLICY TYPE          Parliamentary submission
DATE                 2012-05-09
TOPICS               Health human resources

Documents
A More Robust Economy through a Healthier Population: Canadian Medical Association 2012–2013 pre-budget submission
https://policybase.cma.ca/link/policy10635

POLICY TYPE
Parliamentary submission

DATE
2012-11-01

TOPICS
Health systems, system funding and performance

Documents
Accessibility: the solution lies in cooperation
https://policybase.cma.ca/link/policy11518

POLICY TYPE  Parliamentary submission
DATE  2015-03-25
TOPICS  Health human resources

Documents

ACCESSIBILITY: THE SOLUTION LIES IN COOPERATION

Joint Brief of
The Quebec Medical Association
and
the Canadian Medical Association

An Act to enact the Act to promote access to family medicine and specialized medicine services and to amend various legislative provisions relating to assisted reproduction.
March 21, 2015
Improving efficiency in the Canadian health care system

https://policybase.cma.ca/link/policy11525

POLICY TYPE
Policy document

DATE
2015-05-30

TOPICS
Health systems, system funding and performance

Documents
Reducing barriers to physician mobility and for a more uniformed healthcare system in Canada
https://policybase.cma.ca/link/policy11850

POLICY TYPE  Parliamentary submission
DATE  2016-05-12
TOPICS  Health human resources

Documents
Joint Statement on Access to Mental Health Care
from the Canadian Medical Association and Canadian Psychiatric Association
The physician appointment and reappointment process 2016

https://policybase.cma.ca/link/policy13564

POLICY TYPE  Policy document
DATE  2016-12-03
TOPICS  Health human resources
Physician practice, compensation, forms

CMA POLICY

THE PHYSICIAN APPOINTMENT AND REAPPOINTMENT PROCESS 2016

Policy Summary

The Canadian Medical Association (CMA) policy on the physician appointment and reappointment process is based on the principle that physicians are engaged in the provision of medical services on behalf of the patients in their care. This policy addresses the appointment and reappointment of physicians in a manner that ensures the provision of high-quality, accessible, and timely medical care.

Key Elements

1. The Appointment Process:
   - Physicians are appointed to positions in accordance with the needs of the patient population.
   - The appointment process should be equitable and transparent.
   - The process should ensure that physicians are appropriately compensated for their services.

2. The Reappointment Process:
   - Physicians are reaffirmed in their positions on an ongoing basis.
   - Reappointment should be based on the continued need for the physician's services and the physician's performance.
   - The process should be timely and predictable.

3. The Relationship between Physician and Health Authority:
   - Physicians should have a clear understanding of their roles and responsibilities.
   - The relationship should be based on mutual respect and trust.

4. The Impact of the Appointment Process on the Provider:
   - The appointment process should not unduly burden the physician.
   - Physicians should have a say in the appointment process.

The Canadian Medical Association (CMA) supports the following measures to enhance the effectiveness of the appointment and reappointment process:

- Enhanced communication between physicians and health authorities.
- Improved access to training and support for physicians.
- Greater transparency in the appointment process.

The CMA encourages all parties involved in the appointment and reappointment process to work collaboratively to ensure the provision of high-quality medical care.
Joint position statement: Principles to guide health care transformation in Canada

https://policybase.cma.ca/link/policy10218

POLICY TYPE
Policy document

LAST REVIEWED
2018-03-03

DATE
2011-07-27

REPLACES
PRINCIPLES TO GUIDE HEALTH CARE TRANSFORMATION IN CANADA

TOPICS
Health systems, system funding and performance

Documents
Ensuring equitable access to health care: Strategies for governments, health system planners, and the medical profession
https://policybase.cma.ca/link/policy11062

POLICY TYPE
Policy document

LAST REVIEWED
2018-03-03

DATE
2013-12-07

TOPICS
Health systems, system funding and performance
Population health, health equity, public health

Documents
A new vision for Canada: family practice— the patient’s medical home 2019
https://policybase.cma.ca/link/policy14024

POLICY TYPE  Policy endorsement
DATE  2019-03-02
TOPICS  Physician practice, compensation, forms
Health systems, system funding and performance

Documents
Principles for Health System Governance

CMA POLICY

Operational principles for health system governance

By: Canadian Medical Association

2011-10-23

Documents

Operational principles for the measurement and management of wait lists

CMA Policybase - Canadian Medical Association
Operational principles for the measurement and management of wait lists (Update 2011)
https://policybase.cma.ca/link/policy10322

POLICY TYPE
Policy document

LAST REVIEWED
2019-03-03

DATE
2011-10-23

REPLACES
Operational principles for the measurement and management of waiting lists

TOPICS
Health systems, system funding and performance

Operational principles for the measurement and management of wait lists

Introduction

The Canadian Medical Association (CMA) has developed these principles to provide guidance to healthcare management and policy makers in the development, implementation and evaluation of programs designed to reduce wait times for patients. These principles are intended to ensure that wait times are measured and managed in a way that is fair, transparent and accountable. They provide a framework for the measurement and management of wait times in healthcare systems, and are intended to be used in conjunction with other relevant policies and guidelines.

Principles

1. Transparency

Wait times should be measured and managed in a transparent manner, with clear and consistent definitions of wait times used throughout the healthcare system. This includes the definition of the metric to be measured, the timeframe for the measurement, and the methods used to calculate the wait time. Transparency also includes the publication of wait times data, which should be accessible to the public and stakeholders, and the use of transparent and standardized methodologies for the measurement and management of wait times.

2. Accountability

The management of wait times should be accountable to patients, healthcare providers, and the public. Accountability includes the establishment of clear performance targets, the monitoring of performance against these targets, and the regular reporting of performance data.

3. Fairness

Wait times should be measured and managed in a way that is fair to all patients, regardless of their socioeconomic status, location, or health condition. This includes the consideration of factors such as the availability of healthcare resources, the needs of the population, and the impact of wait times on patient outcomes.

4. Patient-Centred

Wait times should be measured and managed in a way that is patient-centred. This includes the involvement of patients in the development and implementation of programs designed to reduce wait times, and the provision of clear and consistent information to patients about wait times and the reasons for any delays.

5. Efficiency

Wait times should be measured and managed in a way that is efficient, with the use of evidence-based practices and technologies to improve healthcare delivery and reduce wait times. This includes the use of information technology, the implementation of clinical guidelines, and the use of performance improvement tools and techniques.

6. Supportive Environment

Wait times should be measured and managed in a way that is supportive of healthcare providers. This includes the provision of appropriate support and resources, the recognition of the efforts of healthcare providers, and the establishment of a culture that values and supports the reduction of wait times.

7. Continuous Improvement

Wait times should be measured and managed in a way that is continuous and ongoing, with the use of performance improvement tools and techniques to identify areas for improvement and the implementation of strategies to address these areas.

Conclusion

These principles provide a framework for the measurement and management of wait times in healthcare systems, and are intended to be used in conjunction with other relevant policies and guidelines. They are intended to ensure that wait times are measured and managed in a way that is fair, transparent and accountable, and that they are aligned with the needs and values of patients and healthcare providers.

Operational principles for the measurement and management of wait lists

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Management of physician fatigue

https://policybase.cma.ca/link/policy11127

POLICY TYPE
Policy document

LAST REVIEWED
2019-03-03

DATE
2014-05-24

TOPICS
Health human resources

Documents
Physician resource planning (updated 2015)

https://policybase.cma.ca/link/policy11533

The purpose of the policy statement is to: develop the data elements required to support physician resource planning by identifying gaps in the physician workforce in all regions of Canada by health region, in order to support evidence-based decision making. The policy statement is supported by evidence from a literature review, consultations, and a survey of key stakeholders. The policy statement is intended to be used by the Canadian Medical Association (CMA) and its partners to inform policy development, resource allocation, and health human resources in Canada.

The policy statement is intended to assist health regions in Canada in developing physician resource planning. The policy statement is intended to be used by health regions in Canada as a tool to inform policy development, resource allocation, and health human resources in Canada.

The policy statement is intended to support evidence-based decision making, including the development of evidence-informed strategic plans for the physician workforce in Canada. The policy statement is intended to be used by health regions in Canada as a tool to inform policy development, resource allocation, and health human resources in Canada.

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Streamlining patient flow from primary to specialty care: a critical requirement for improved access to specialty care

https://policybase.cma.ca/link/policy11299

POLICY TYPE  Policy document
LAST REVIEWED  2020-02-29
DATE  2014-10-25
TOPICS  Health systems, system funding and performance

CMA POLICY

STREAMLINING PATIENT FLOW FROM PRIMARY TO SPECIALTY CARE: A CRITICAL REQUIREMENT FOR IMPROVED ACCESS TO SPECIALTY CARE

Summary

Many physicians believe that improving the interface of primary and specialty care is an essential requirement for streamlining patient flows and reducing delays in specialty care. This paper outlines the steps necessary to achieve this goal, including the development of clinical pathways, the implementation of electronic health records, and the establishment of multidisciplinary teams.

Recommendations

1. Develop clinical pathways: Clinical pathways should be developed to standardize the care process and reduce variability in patient care. These pathways should be evidence-based and should be continuously updated to reflect new research and clinical guidelines.

2. Implement electronic health records: Electronic health records (EHRs) can improve patient care by facilitating the sharing of information between primary and specialty care providers. EHRs should be interoperable and should allow for the real-time exchange of patient data.

3. Establish multidisciplinary teams: Multidisciplinary teams can improve patient care by bringing together primary care providers, specialists, and other healthcare professionals to coordinate care and ensure that patients receive the best possible care.

4. Increase public awareness: Public awareness campaigns can help to educate patients about the importance of timely access to specialty care and the benefits of streamlining patient flows.

5. Establish policy guidelines: Policy guidelines should be established to support the implementation of these recommendations and to ensure that patient care is coordinated and efficient.

Conclusion

Streamlining patient flow from primary to specialty care is a critical requirement for improved access to specialty care. By implementing clinical pathways, EHRs, multidisciplinary teams, and policy guidelines, we can improve patient care and ensure that patients receive the best possible care.
CMA Pre-budget Submission
https://policybase.cma.ca/link/policy14259

POLICY TYPE
Parliamentary submission

DATE
2020-08-07

TOPICS
Physician practice, compensation, forms
Health information and e-health
Health care and patient safety
Health systems, system funding and performance

Documents