

Committee Appearance: House of Commons Standing Committee on Health (HESA)

<https://policybase.cma.ca/link/policy14381>

POLICY TYPE	Parliamentary submission
DATE	2020-11-30
TOPICS	Health systems, system funding and performance

Documents

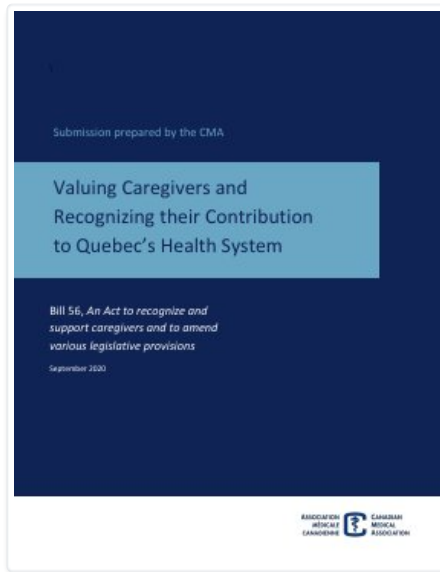


Valuing Caregivers and Recognizing Their Contribution to Quebec's Health System

<https://policybase.cma.ca/link/policy14373>

POLICY TYPE	Parliamentary submission
DATE	2020-09-29
TOPICS	Health human resources Health systems, system funding and performance

Documents



Recommendations for Canada's long-term recovery plan - open letter

<https://policybase.cma.ca/link/policy14262>

POLICY TYPE Parliamentary submission
DATE 2020-08-27
TOPICS Population health, health equity, public health
Health systems, system funding and performance

Documents

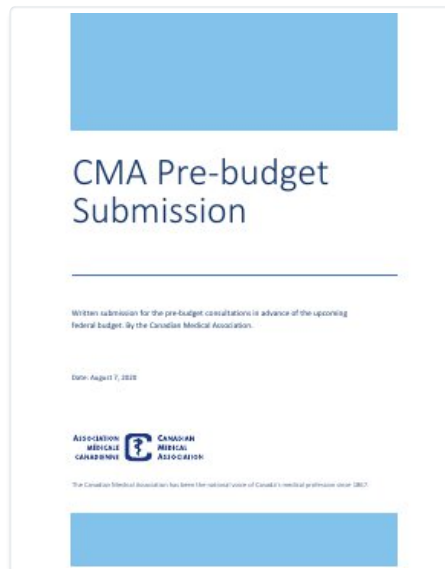


CMA Pre-budget Submission

<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

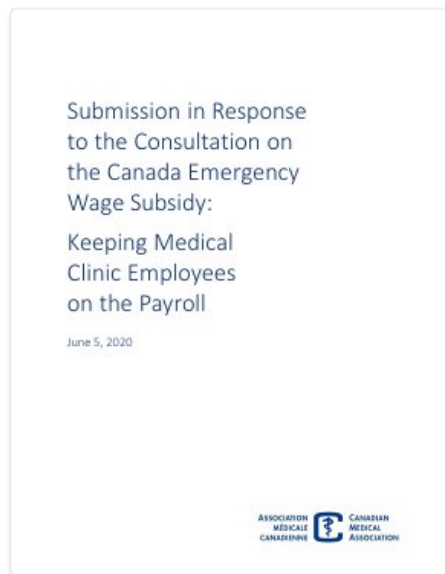


Submission in Response to the Consultation on the Canada Emergency Wage Subsidy: Keeping Medical Clinic Employees on the Payroll

<https://policybase.cma.ca/link/policy14258>

POLICY TYPE	Parliamentary submission
DATE	2020-06-05
TOPICS	Physician practice, compensation, forms Health systems, system funding and performance

Documents



Protecting and supporting Canada's health-care providers during COVID-19

<https://policybase.cma.ca/link/policy14260>

POLICY TYPE Parliamentary submission
DATE 2020-03-23
TOPICS Physician practice, compensation, forms
Health systems, system funding and performance
Health human resources

Documents

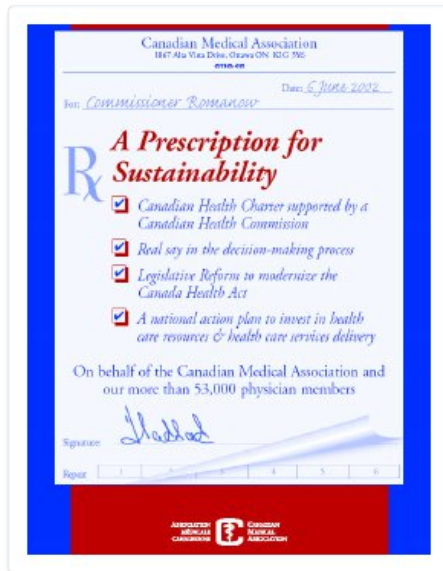


A Prescription for sustainability

<https://policybase.cma.ca/link/policy1967>

POLICY TYPE Parliamentary submission
LAST REVIEWED 2020-02-29
DATE 2002-06-06
TOPICS Health systems, system funding and performance

Documents



A PRESCRIPTION FOR SUSTAINABILITY – JUNE 6, 2002

Executive Summary

Medicine emerged from the 19th century, but not health — in large measure due to the failure of health professionals whose commitment has always been, first and foremost, to their patients. However, this kind of effort cannot sustain Canadian health systems and the facilities they work in as stretched to the limit.

Over the past decade there have been countless studies on what is wrong with Canada's health care system. However, very little action has been taken to solve the problems identified in the reports because very few of these reports provided a roadmap with concrete recommendations on how to achieve change. Furthermore, many decisions regarding the health care system have been made by governments without meaningful input from health professionals. As an individual in my first submission, there is clearly a need for a collaborative approach to "change management" that is based on reality, ongoing and meaningful involvement of all key stakeholders.

However, before consideration is given to how to solve the woes of the health care system, it is essential to establish a shared vision of Canada's health care system. Several attempts have been made to do this and, however, they have included health care providers or the public in the process. The CMA has established its own vision for a sustainable health care system, upon which the recommendations now to be presented in this submission are based.

To ensure that our health care system in Canada is sustainable in the future, longer-term structural and procedural reforms are required. The CMA proposes 5 recommendations involving the implementation of three integrated "pillars of sustainability" that together will improve accountability and transparency in the system. These pillars would also serve as the basis for addressing the many other, medium-term issues facing Medicare today and into the future. To this end, we put forward 25 recommendations suggesting specific "tools" for solving these critical problems.

The three "pillars" are: a Canadian Health Charter, a Canadian Health Commission, and a renewal of the federal legislative framework.

A Canadian Health Charter would include government's shared commitment to ensuring that Canadians will have access to quality health care within an acceptable time frame. It would also clearly articulate a national health policy that sets out our collective understanding of Medicare and the rights and mutual obligations of individual Canadians, health care providers, and government. The existence of such a Charter would ensure that a national, evidence-based, and collaborative approach to managing and modernizing Canada's health system is being followed.

In conjunction with the Canadian Health Charter, a permanent, independent Canadian Health Commission would be created to promote accountability and transparency within the system. It would have a mandate to monitor compliance with and measure progress towards Charter provisions, report to Canadians on the performance of the health care system, and provide ongoing advice and guidance to the Conference on Federal-Provincial-Territorial ministers on key areas of health care issues.

Repealing the shared federal and provincial/territorial obligations to the health care system, one of the main purposes of the Canadian Health Charter is to reinforce the national character of the

