our RATIONALE

CFNU

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Canadians remain deeply attached to the core values at the heart of medicare and to a system that has served them extremely well. My assessment is that, while medicare is as sustainable as Canadians want it to be, we now need to take the next bold step of transforming it into a truly national, more comprehensive, responsive and accountable health care system.[1]

- Mr. Romanow (2002)

1 Commission on the Future of Health Care in Canada. (2002). *Building on values: The future of health care in Canada – Final report.* Ottawa: Author. P. xv.

Health and Social Accord

- The work by Romanow and his Commission fuelled two Health Accords, but real transformation has remained elusive. More than a decade after Romanow's comment, 84% of Canadians say they have higher expectations of health care than other public sector services.[2] Support among Canadians for the values of a universal, accessible, comprehensive, and portable health care system that is publicly funded, administered and delivered has never wavered. In fact Canadians expect more programs and services to be protected by those values; for example, public opinion particularly strongly favours national, publicly-funded pharmacare – 91%, according to a July 2015 Angus Reid poll.[3] Adequate, predictable funding is essential, but Canadians know that taxpayer expenditures need to be justified and contained. A new Accord, launching a new wave of health and social care reform, must be distinguished not by a singular focus on spending, but on new ways to use funds effectively by linking health and social services much more directly to actual population health needs.

- The health and quality of life of Canadians are driven by a complex mix of **biological, social, economic, cultural and environmental determinants of health.** We cannot achieve better health by perpetuating our near-singular focus on health care, or our longstanding, fragmented approach to health and social programs. As Arrow and Sanghi argued in 2015, a natural progression of the status quo will not be enough to reach populations in need and rather, "we must push public health systems beyond their usual boundaries by investing in and promoting new technologies, sharpening incentives, and recognizing that health systems do not exist in a vacuum."[4] In the 2015 Economists' Declaration convened by the Rockefeller Foundation,[5] 267 global economists made the case that "building resilient health care systems means improving other public goods that are closely linked to human health, [including] clean water and sanitation, and roads and infrastructure that enable emergency care and delivery of services"[6] – and being wary of seeing health care as the only route to better health. It is time to chart a course toward better health, based on a new and integrated approach to health and social policy.

- Indigenous peoples may confront the same health and social issues as other people in Canada, and, in addition, **Indigenous determinants of health and life quality** that can include geographic isolation, language barriers, unintentional racism, and the residential school history, inter-generational trauma and other impacts of colonization identified by the Truth and Reconciliation Commission of Canada.

2 Ipsos Reid. (2015). *Expectations of the health care system. Presented to HealthCareCAN. Final report*. June 2015. Ottawa: Author.
3 Angus Reid Institute. (2015, July 15). *Prescription drug access and affordability an issue for nearly a quarter of all Canadian households.* Retrieved from http://angusreid.org/prescription-drugs-canada/
4 Arrow, K., & Sanghi, A. (2015, Dec. 14). Why economists put health first. *Agenda.* World Economic Forum. Retrieved from https://agenda.weforum.org/2015/12/why-economists-put-health-first/
5 Summers, L., on behalf of 267 signatories. (2015). Economists' declaration on universal health coverage. *The Lancet,* 368(10008), 2112-2113.
6 Arrow, K., & Sanghi, A. (2015, Dec. 14). Why economists put health first. *Agenda.* World Economic Forum. Retrieved from https://agenda.weforum.org/2015/12/why-economists-put-health-first/

- One important determinant of health for all people in Canada is **timely access to health care** — including safe, high-quality and culturally safe health and wellness promotion, public health and disease prevention, primary care, acute care, rehabilitative and restorative care, home care, long-term care, end-of-life care, palliative care, and respite care. Each of these services may be delivered in a range of settings, including homes, communities and institutions. First Ministers have an opportunity to collaborate to improve population health by strengthening the accessibility, accountability, comprehensiveness, continuity, **quality and value** of Canadian health care.

- In their 2013 *Lancet* Commission report on the case for investment in **health,** Jamison and colleagues (including Nobel Laureate Kenneth Arrow) spoke to a framework to achieve what they called a global *grand convergence in health* – scaling up health technologies and systems to achieve benefits exceeding costs in the range of 20:9 over the period 2015-2035.[7] What could this mean for Canada? Reflecting the stance of health leaders since the *Declaration of Alma-Ata* in 1978, a consortium of global economists concluded in 2015 that "Health systems do not exist in a vacuum, and if we are serious about sustainable development, it is time to understand that investments in complementary systems are *"trade-ons"* not *trade-offs."* [8]

1. National Prescription Drug Plan

- Every developed country with a universal health care system provides **universal coverage of prescription drugs**, except Canada, and every major national commission of inquiry in the Canadian health care system has recommended that a national Pharmacare program be established. Our patchwork system of private and public drug coverage leaves millions of Canadians without any drug coverage and millions more with inadequate coverage for their medical needs. As a consequence, nearly one in four Canadians reports that they or a member of their family have gone without prescriptions because they could not afford the out-of-pocket costs.[9] The result is worse health for patients and increased demand on the rest of the health care system.

- Establishing a National Prescription Drug Plan would signal the single greatest reform in Canadian health care services of the past generation, breaking a jurisdictional logjam that has persisted through the Accord agreements of 2000, 2003 and 2004. Changing the framework from one of public drug plans that *provide some patients with all medicines* to one that *provides medically necessary prescription drugs to all patients* would help to develop a national system for providing universal coverage of medically necessary prescriptions. Further, a prescription drug program would ensure the safety and efficacy of prescription drugs, along with their appropriate use, thus improving the health of all Canadians. We know that other similar countries are able to provide prescription drugs at a lower cost than Canadians, and citizens are broadly supportive of plans that provide access to affordable drugs.

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7 Jamison, D., Summers, L., Alleyne, G., Arrow, K., Berkely, S. Binagwaho, A., et al. (2013). Global health 2035: a world converging within a generation. *The Lancet online/The Lancet Commissions*, 1-58.
8 Arrow, K., & Sanghi, A. (2015, Dec 15). Why economists put health first. *Agenda*. World Economic Forum. Retrieved from https://agenda.weforum.org/2015/12/why-economists-put-health-first/
9 Angus Reid Institute. (2015, July 15). Prescription drug access and affordability an issue for nearly a quarter of all Canadian households. Retrieved from http://angusreid.org/prescription-drugs-canada/

2. Canadian Strategy for Healthy Aging

- Over the coming 40 years, the number of Canadians over the age of 65 will peak at its highest level in history, nearly doubling within 20 years. The number of citizens in the over-80 and even over-100 year categories will especially grow. Longer lives are one of the benefits of a century of public health and social care, and many older Canadians describe their health as good. But they need more fulsome supports to stay that way. The reality is that longer lives often are accompanied by one or more chronic or non-communicable diseases, including dementia. And the longer one lives, the more of those diseases accumulate, the more health deteriorates, and the more health services are utilized. The unprecedented size of the cohort of seniors before us demands that we put in place structures and supports to help older Canadians remain as healthy as possible, continue to work if they are able, and live in home settings for as long as it is safe and feasible. Meeting their health needs must shift to include a focus on chronic/non-communicable disease prevention and management, access to home based, episodic acute care, long-term care services, and ultimately, to care at the end of life.

- Too many Canadians are living in deplorable conditions, and many seniors face this reality on a daily basis. A **strategic approach to support the health and care of Canadian seniors** would recast Canadian health and social services away from their focus on episodic rescue and cure to better meet evolving population health needs. Many of these services, including palliative and other end-of-life services, do not always require physician care or hospitalization and can be safely, effectively and efficiently provided in safe, affordable home or community settings by a range of providers. Achieving the aim of ensuring Canadians have access to the right provider at the right place and time, delivering the most appropriate services, requires innovative supports that optimize the scope of practice, deployment and employment of health human resources.

3. Improved Access to Health Services in Homes and Communities

- There are obvious links among home care, seniors and people with disabilities, who use the bulk of home care services in Canada. A new Accord should respond to the need for affordable, publicly-funded non-clinical services needed to support daily living in home settings (e.g., food preparation, clearing of snow), personal support services such as bathing and dressing, and formal health care services that may range from access to primary care to end-of-life care. Every Canadian should have the right to understand the services to which she or he is entitled, and be entitled to the same services – but today home care services remain a hodgepodge that differ across and within jurisdictions and are a mystery to many Canadians. Services should first be readily understandable and accessible.

- To support sustainability, appropriateness of care and public choice, the health system must be inclusive of home- and community-based delivery models. Along with being a preferred model for long-term care and chronic disease management, home- and community-based care is preferred by Canadians and has the advantage of being more cost-effective than services delivered in institutions. What is more, home- and community-based care can relieve pressure on hospital-based services, improving timely access for those requiring emergency and/or inpatient care.

4. Improved Access to Mental Health Services

- Timely access to mental health services and increased mental health promotion and prevention activities are key. There should also be targeted outreach and care for specific populations, such as Indigenous Canadians, seniors, new Canadians, and children and youth. Additionally, mental and physical health are deeply linked and interdependent, so these health outcomes must be interconnected as part of the health care continuum.

- The Canadian Alliance on Mental Illness and Mental Health has called for coordinated leadership at federal, provincial/territorial and civil society levels to develop an action plan that would: "1) Increase the proportion of health spending devoted to mental health from 7% to 9%, 2) Increase the proportion of social spending devoted to mental health by 2% from current levels, 3) Create a mental health innovation fund to be used to expand the role of primary health care in meeting mental health needs, set standards for wait times for mental health services, and improve access to necessary mental health services." [10]

- Reflecting its importance, mental health, or elements of it, are included in five of the Prime Minister's ministerial mandate letters, and the issues of timely access and societal stigma remain especially problematic. As Canada embarks on the reconciliation phase of the Truth and Reconciliation Commission of Canada's recommendations, and at the same time is welcoming thousands of refugees who have experienced the trauma of terrorism and loss in situations of war, the need to put in place rapidly accessible mental health services and structures that are culturally safe is urgent.

10 Canadian Alliance on Mental Illness and Mental Health. (2013). *Pre-budget consultations 2013* – Canadian Alliance on Mental Illness and Mental Health. Ottawa: Author. Retrieved from http://www.camimh.ca/pre-budget-consultations-2013-canadian-alliance-on-mental-illness-and-mental-health/

Making it Happen

Human Resources

- Fundamental to delivering improved health services and enacting a new Health and Social Accord is a workforce of engaged and motivated **health and social care human resources**, that is appropriately educated, regulated, deployed, employed, incented, compensated, and working to a scope of practice optimized to safely meet the needs of the populations being served.

- Achieving the triple aim of better health, better care and better value for all Canadians requires a fourth aim supporting the other three: the presence of an effective, high-performing workforce of health and social human resources. An integrated Accord means moving beyond silo thinking focused on counting the numbers of providers in favour of determining what the best kinds of **teams** look like, within and beyond health and social care settings, understanding the evolving health status of an aging population, and being clear about what kind of care is required across population groups and age cohorts to ensure patient safety and quality of care meet the evidence-informed standards. Mental health services and Indigenous health services cannot be integrated across health systems without the kind of purposeful inter-sectoral planning and cooperation that can be facilitated through a pan-Canadian approach and government leadership.

- To ensure equitable, appropriate health care delivery, federal/provincial/territorial governments should recognize the strengths inherent in a knowledgeable and committed health care workforce, and work together with Canada's health and social human resources to implement the new Health and Social Accord.

- Knowledgeable, competent providers exert profound, documented effects on effectiveness, quality, safety and outcomes of services, including costs. The education and deployment of health human resources should be based on the needs of people and communities and should be well integrated under a new Accord. For example, access to a dynamic, integrated, multi-sectoral approach to human resources planning, driven by evidence, is necessary in the provision of mental health services covering education, justice, workplaces, welfare and social services in addition to health care.

Funding

- Adequate and predictable funding should provide investments in social infrastructure and public health that support better health across the lifespan and should be paired with a **clearly defined accountability framework.** With a *25 by 25* target in mind, the federal government should aim to maintain a strong interest in the health of Canadians by covering 25%[11] of national public health expenditures by 2025.

- "Universal public drug coverage would reduce total spending on prescription drugs in Canada by $7.3 billion (worst-case scenario $4.2 billion, best-case scenario $9.4 billion). The private sector would save $8.2 billion (worst-case scenario $6.6 billion, best-case scenario $9.6 billion), whereas costs to government would increase by about $1.0 billion (worst-case scenario $5.4 billion net increase, best case scenario $2.9 billion net savings). Most of the projected increase in government costs would arise from a small number of drug classes."[12]

- The Prime Minister already has committed to invest a further $3 billion in home care services over four years with a focus on seniors at home, including palliative care. An Accord should include purpose-funded federal transfers to provinces/territories for integrated health and social programming in all pillars of the agreement that: a) recognize population demographics and geographic demands, and b) are tied to an evaluation of indicators, outcomes and evidence of impact, effectiveness, safety and cost-efficiency. Funding should support improvements in existing programs and provide short-term, up-front investments for public health care infrastructure changes that will support transformative initiatives.

- Health and social care funding should recognize the effectiveness of public, or non-profit, ownership.

11 Canadian Press. (2015, July 16). Premiers meeting: Feds asked to cover 25 per cent of health-care costs. *CBC News.* Retrieved from http://www.cbc.ca/news/health/premiers-meeting-feds-asked-to-cover-25-per-cent-of-health-care-costs-1.3155673
12 Morgan, S., Law, M., Daw, L., Abraham, J., & Martin, D. (2015, March 16). Estimated cost of universal public coverage of prescription drugs in Canada. *CMAJ.*ca, doi: 10.1503/cmaj.141564. Retrieved from http://www.cmaj.ca/content/early/2015/03/16/cmaj.141564.full.pdf+html,, p. 1

Ottawa Consultation

We are grateful for the expertise and advice of the following organizations and individuals who gathered in Ottawa on December 15, 2015:

Organizations:

Aboriginal Nurses Association of Canada
Canadian Association of Advanced Practice Nurses
Canadian Association of Community Health Centres
Canadian Association of Social Workers
Canadian Doctors for Refugee Care
Canadian Federation of Nurses Unions
Canadian Health Human Resources Network
Canadian Labour Congress
Canadian Medical Association
Canadian Mental Health Association
Canadian Nurses Association
Canadian Nursing Students' Association
Canadian Pharmacists Association
DAWN Canada (DisAbled Women's Network)
Elisabeth Bruyère Research Institute
Health Action Lobby (HEAL)
HealthCareCAN
Manitoba Nurses Union
Mental Health Commission of Canada
National Union of Public and General Employees
New Brunswick Nurses Union
Nova Scotia Nurses' Union
Ontario Nurses' Association
Prince Edward Island Nurses' Union
Registered Nurses' Union of Newfoundland & Labrador
Saskatchewan Union of Nurses
United Nurses of Alberta
Victorian Order of Nurses

Invited Experts

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Dr. Hugh Armstrong
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Dr. Gail Tomblin Murphy
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