

towards a  
**HEALTH  
& SOCIAL  
ACCORD**



January 2016



## New needs, new priorities and a new vision...

Acknowledging the interdependent nature of a wide range of determinants of health, to achieve the aims of improved population health, access to better care where and when it is needed, and better value for all Canadians, a bold new vision for a new Health Accord that is driven by an integrated health and social approach to improving population health is due. Establishment of a Health and Social Accord would represent the most transformative legislative development supporting population health since the *Canada Health Act*.

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for the Canadian Federation of Nurses Unions



## Based on sound principles...

A new federal/provincial/territorial Accord should be guided by rules and principles that Canadians strongly value. Our collective thinking, planning, financing and delivery of services should:

- **Uphold, strengthen and enforce the Canada Health Act** and its funding conditions, namely universal access to a comprehensive and portable roster of publicly funded, administered and delivered health services. In addition, a new Accord should strengthen effectiveness, fairness, equity, cultural safety, transparency and accountability.
- Respond to the needs of people whose health is most at risk— Indigenous Peoples, the poor, people living with disabilities, children and the frail elderly, people with addictions, and people who identify as gay, lesbian, bisexual, transgendered or queer. From the landmark 1974 Lalonde report<sup>1</sup>, the World Health Organization’s Commission on Social Determinants of Health<sup>2</sup> and through to the National Expert Commission in 2012,<sup>3</sup> and most recently in the Calls to Action of the Truth and Reconciliation Commission of Canada,<sup>4</sup> the deeply interconnected health and social needs of these vulnerable populations and of all people in Canada have been well articulated.
- Recognize the constitutional responsibility of the provinces and territories in the administration of our health care systems while bringing the federal government to the table as an equal partner through stable funding, planning support and research.

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1 Lalonde, M. (1974). *A new perspective on the health of Canadians*. A working document. Ottawa: Author.

2 World Health Organization. (2008). *Closing the gap in a generation. Health equity through action on the social determinants of health*. Commission on Social Determinants of Health - Final report. Geneva: Author.

3 National Expert Commission. (2012). *A nursing call to action. The health of our nation – The future of our health system* (p. 1). Ottawa: Canadian Nurses Association.

4 Truth and Reconciliation Commission of Canada. (2015). *Truth and Reconciliation Commission of Canada: Calls to Action*. Winnipeg: Author.

# And a plan for rapid action.

## The Canadian Federation of Nurses Unions recommends that First Ministers:

1. Set a strong course forward for Canada by implementing a Health and Social Accord that includes **four priority policies**:
  - i. A National Prescription Drug Plan (Pharmacare)
  - ii. A Canadian Strategy for Healthy Aging
  - iii. Improved Access to Health Services in Home and Community Settings
  - iv. Improved Access to Mental Health Services
  
2. Establish a **staged agreement** that includes:
  - Short-term targets to be achieved in time for Canada's 150th birthday celebrations in July 2017—just 18 months away
  - Medium-term goals to be achieved by 2019 to set Canada up well to enter the 2020s with predictable, long-term and stable funding required to ensure development of robust services and public policy
  - A long-term commitment to extend federal funding to reach 25 per cent of health care costs by 2025
  
3. Support the implementation of these policies through **stable funding and coordinated health human resources planning**. To improve the health of Canadians, governments should recognize that health systems do not exist in a vacuum. What is required is a better coordination of health and social services, particularly at points of access such as primary health care networks, and a more integrated approach to health and social policies, while maintaining the existing Canada Health Transfer and Canada Social Transfer.

# How did we get here?

Voluntary collaboration and incremental change across provinces and territories has not transformed health care in the ways recommended by every review of the evidence on system outcomes and performance over the past 20 years. Numerous pilot projects have been undertaken over many years, and some have generated successful outcomes. But despite some progress resulting from previous Accords, we have failed to scale them up and spread them across the country to achieve meaningful transformations built on quality public services and best practices supported by the available evidence.

Many health regions are experiencing cuts that are exerting direct and negative impacts on patient care and community health. There remains a pressing need for integrated action, mandated by federal, provincial and territorial governments to: a) improve the health of Canadians, b) address the social determinants of health, such as affordable housing, and their impact on population health, c) strengthen the accessibility, equity, safety and quality of health care services, and d) improve value for the fiscal investments of all Canadians in health care.

We examined the available evidence, including previous Health Accords, organizational policy positions, evaluations of gaps in current health systems, the expressed views of Canadians, and then consulted stakeholders. Leaders from Canada's health, social, science and public sectors came together in Ottawa on December 15, 2015 to provide advice on priorities for collaborative federal and provincial/territorial leadership. Representing the more than 1 million health and social care providers in Canada, in addition to millions of Canadians, participants were united in their commitment to the protection and expansion of Canada's universal, public, not-for-profit health systems.

# Our advice

## Supporting Principles and Structures

### A Health and Social Accord should:

- Integrate the health and social needs of **Indigenous Peoples** as part of the health care system for all Canadians, including responses to all relevant recommendations of the Truth and Reconciliation Commission of Canada,
- Include a long-term, pan-Canadian **Health and Social Human Resources** strategy, informed by evidence, to meet the needs of Canadians so as to address our geographic, socio-demographic, ethno-cultural, linguistic, and sectoral challenges, and provide equitable and appropriate services across the care continuum,
- Develop an **Intersectional Framework** using the social, economic, environmental and Indigenous determinants of health as the backdrop to identify and improve support to Canadians, including people with disabilities and people living with episodic and chronic illnesses whose health and social needs are presently not being met and where evidence supports doing so,
- Create an **Accountability Framework** through an expanded mandate for the Canadian Institute for Health Information to collect and publicly report on federal, provincial and territorial data, including a comprehensive set of indicators and outcomes, linked with data on social outcomes,
- Ground policy development decisions in the available Canadian and international evidence, and monitor and evaluate processes and outcomes.

# Policy Priorities

## ▶ 1. National Prescription Drug Plan

Benefiting all Canadians, including both employers and employees, a universal National Prescription Drug Plan would improve the effectiveness of health care and hold the promise to save as much as \$9 billion<sup>5</sup> to \$11 billion<sup>6</sup> annually while providing access to necessary prescription medicines at a cost to government of about \$1.0 billion.<sup>7</sup> A coordinated, national strategy is required to negotiate the jurisdictional issues around regulation, pricing, safety and decisions on coverage, and should include:

- Harmonized coverage, regulations, pricing and safety standards across jurisdictions,
- A public, independent agency with a clear mandate that is able to lead, collaborate and coordinate within and across jurisdictions, is responsive to evidence-informed research, and builds on successes,
- A national formulary,
- Electronic prescribing and monitoring for appropriate use,
- A single-payer system that supports appropriate use,
- Policies to address high-cost drugs in an **upstream spending–downstream savings** framework,
- A mechanism for monitoring and responding to any impacts of negotiated international trade deals, and
- A public education program on the purpose, effectiveness and costs of drugs, and the functioning of a prescribed drug plan.

*A National Prescription Drug Plan should be based on the principles outlined and endorsed by over 280 professors and other university-affiliated leaders in health policy, health economics, health services research, medicine, pharmacy, nursing, and psychology,<sup>8</sup> including:*

- Universal, affordable and offering equitable access,
- Informed by evidence of cost-effectiveness and impact on health outcomes,
- Supportive of appropriateness and striving to maximize therapeutic value for every dollar spent, and
- Non-political and independent.

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<sup>5</sup> 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>.

<sup>6</sup> Gagnon, M-A. (2014). *A Roadmap to a Rational Pharmacare Policy in Canada*. Ottawa: Canadian Federation of Nurses Unions.

<sup>7</sup> Op. cit.

<sup>8</sup> Morgan, S., Martin, D., Gagnon, M-A., Mintzes, B., Daw, J., & Lexchin, J. (2015). *Pharmacare 2020 Summary of Recommendations: Moving from principles to practices*. Vancouver: The Pharmaceutical Policy Research Collaboration, University of British Columbia.

## 2. Canadian Strategy for Healthy Aging

A coordinated, federal/provincial/territorial strategy to address the needs of aging Canadians is necessary to provide a balanced approach across the continuum of care. Seniors and all Canadians need an effective acute care and treatment system that is supported by strong primary care, home care, chronic disease prevention and management, injury prevention, rehabilitation and restorative care, palliative and hospice services, and long-term care. Services should follow patients and be focused on home and community settings whenever that is feasible, appropriate and safe. At the same time, a robust, appropriately resourced acute care sector must be maintained and enhanced to safeguard Canada's public health care system for all Canadians.

*A Canadian Strategy for Healthy Aging should:*

- Clarify programs and services in existing provincial and territorial seniors strategies and set national standards for common, safe services available to all Canadian seniors,
- Be designed to provide appropriate, timely and affordable services within our public, not-for-profit system, delivered by the most appropriate provider while acknowledging the diversity of the population,
- Include a national program for caregiver respite care that provides additional home supports and short-term respite care in long-term care facilities,
- Include access to long-term care with evidence-informed, safe staffing standards to provide a minimum number of direct care hours per resident per day (worked hours) to improve residents' quality of life,
- Involve the provinces and territories in partnership with municipalities and First Nations, Métis and Inuit Peoples in the development of senior-friendly communities that include access to affordable and secure housing,
- Support integration of the principles of the *Canada Health Act* and those identified in the proposed *Canada Social Care Act*,<sup>9</sup>
- Focus on an appropriate range of health and social needs and provide programs that respond to the diversity of Canadian society,
- Be citizen-centred, including families, friends and others who provide health care and social services to seniors,
- Be affordable and easily navigated by users, and
- Focus on quality of life, promotion of autonomy and balancing services for acute and chronic health and social needs.

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<sup>9</sup> Moscovitch, A., & Thomas, G. (2015). *A New Social Care Act for Canada*. Ottawa: Canadian Association of Social Workers.

### 3. Improved Access to Health Services in Home and Community Settings

A new Accord should mandate **Improved Access to Health Services in Home and Community Settings** across Canada, with those services falling under the conditions of the *Canada Health Act*. It should define core principles for services offered across the country, mandate a minimum standard for those services across jurisdictions, and provide public education to understand and access them. The Accord also needs to link seniors and home care with long-term institutional care options, and develop indicators to help determine when home care is no longer appropriate or safe. Funding structures should be designed in such a way that funding follows users across their health care trajectories, not vice versa.

*Expanded health services in home and community settings should:*

- Support the principles of the *Canada Health Act* and be fully publicly funded,
- Guarantee access to culturally safe health and social services necessary to promote health and allow anyone in the country and across all stages of life to remain safely in home settings,
- Be person-oriented, providing services that are easier to find, enter and navigate, including for Canadians in non-urban settings,
- Be appropriate for and responsive to population health needs, and informed by the evidence,
- Engage an optimal scope of practice delivered by the full range of practitioners working in modern, non-hierarchical teams, centered around client-provider partnerships,
- Address the barriers to access posed by lack of housing and transportation,
- Include access to both short-term and extended home care services, and
- Invest in services that bridge across sectors within an integrated primary health care framework which provides less fragmented care experiences for patients and families.

### 4. Improved Access to Mental Health Services

**Improved Access to Mental Health Services** must be positioned as a cornerstone of a new Health and Social Accord. Mental health should be seen as a crosscutting element in a new Health and Social Accord, integrated within all other programs and services. A new Accord should strengthen timely access to mental health services along the continuum of care and at every age and life stage, accelerating action on the Mental Health Strategy for Canada. A stronger focus on mental health services should include programming for increased mental health care literacy as well as a scaling up of collection and reporting of data on mental health and illness.

*Federal, provincial and territorial governments should collaborate to accelerate implementation of the recommendations of the Mental Health Strategy for Canada.<sup>10</sup> Improved access to mental health services should:*

- Support the principles of the *Canada Health Act*, and
- Provide timely access to the right provider(s), including providers working in collaborative teams, to meet mental health needs in culturally safe environments.

<sup>10</sup> Mental Health Commission of Canada. (2012). *Changing directions, changing lives: The mental health strategy for Canada*. Retrieved from <http://strategy.mentalhealthcommission.ca/pdf/strategy-text-en.pdf>

# Making it Happen

## Health Human Resources

### ► Effective pan-Canadian Human Resources Planning

**Effective pan-Canadian Human Resources Planning** is a crosscutting issue underpinning all other elements of an Accord and one that is impossible to tackle in the absence of coordinated federal, provincial, territorial, municipal and Indigenous community cooperation. Evidence to inform safe staffing solutions and care delivery models is ample, including Canadian reports on optimizing scope of practice,<sup>11</sup> innovation<sup>12</sup> and staffing.<sup>13</sup> We urge a focus in a new Accord in four areas:

#### *People*

- As the complexity of services grows, it becomes increasingly likely that Canadians will rely on interprofessional teams of providers. Structures and programs should enable the right provider(s) to work collaboratively within interprofessional teams where their roles and scopes of practice are optimized based on evidence supporting patient safety and quality of care. Governments should act in collaboration to address existing and predicted human resources shortages and imbalances across sectors (e.g. acute care, home care), safe workload, geographical areas, scarce professions and specialties, and underserved populations. Governments also should support the delivery of specialized training and education to enhance the health and social services provided to specific populations, including Indigenous Peoples, seniors and people with disabilities.

#### *Process*

- Government leadership could help bring stakeholders together to redesign processes that reduce duplication of provider efforts and better enable patient partnership, family engagement and self-care.

#### *Information*

- Canadians require timely access to information about health care teams, roles and changing scopes, care options and related research, including data on indicators and outcomes, care quality, and readily accessible navigational tools that respect universal accessibility principles.

<sup>11</sup> Nelson, S., Turnbull, J., Bainbridge, L., Caulfield, T., Hudon, G., Kendel, D et al. (2014.) *Optimizing scopes of practice: New models for a new health care system*. Ottawa: Canadian Academy of Health Sciences.

<sup>12</sup> Advisory Panel on Healthcare Innovation. (2015). *Unleashing innovation: Excellent healthcare for Canada*. Report of the Advisory Panel on Healthcare Innovation. Ottawa: Health Canada.

<sup>13</sup> Berry, L. & Curry, P. (2012.) (2012). *Nursing workload and patient care*. Ottawa, ON: Canadian Federation of Nurses Unions.

## Technology

- Accelerating uptake of new and existing technologies, including electronic health records by providers and teams, can drive efficiencies and improve care safety, quality and satisfaction. Technological discoveries and innovations can increase care delivery options, extending the reach of human resources into homes, communities and non-urban settings and increasing patient partnership in self-care while containing costs.

## ► Funding

We heard a lot about funding during the December 15, 2015, meeting of leaders, including the potential cost-effective impact of a program such as a National Prescription Drug Plan. Importantly, we heard that funding could help lead the kinds of coordinated overhaul and new directions along which there seem to be broad agreement—especially conditional, purpose funding that adheres to the *Canada Health Act*, returns to an equalization formula for the Canada Health Transfer, and **includes a plan to reach 25 per cent investment by the federal government by 2025.**

- A short-term **Prime Ministerial Roundtable on Health and Social Funding** would be a positive step that could position the right experts from various sectors to work with governments to help design the appropriate, long-term funding structures to fuel better health, better care and better value for all Canadians.

Ministers,

Canada's nurses look forward to working with you in partnership to move forward on this vision for a Health and Social Accord that will transform our public health care system so that it meets the needs of all Canadians now and in the future.

Respectfully submitted,



Linda Silas, President  
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