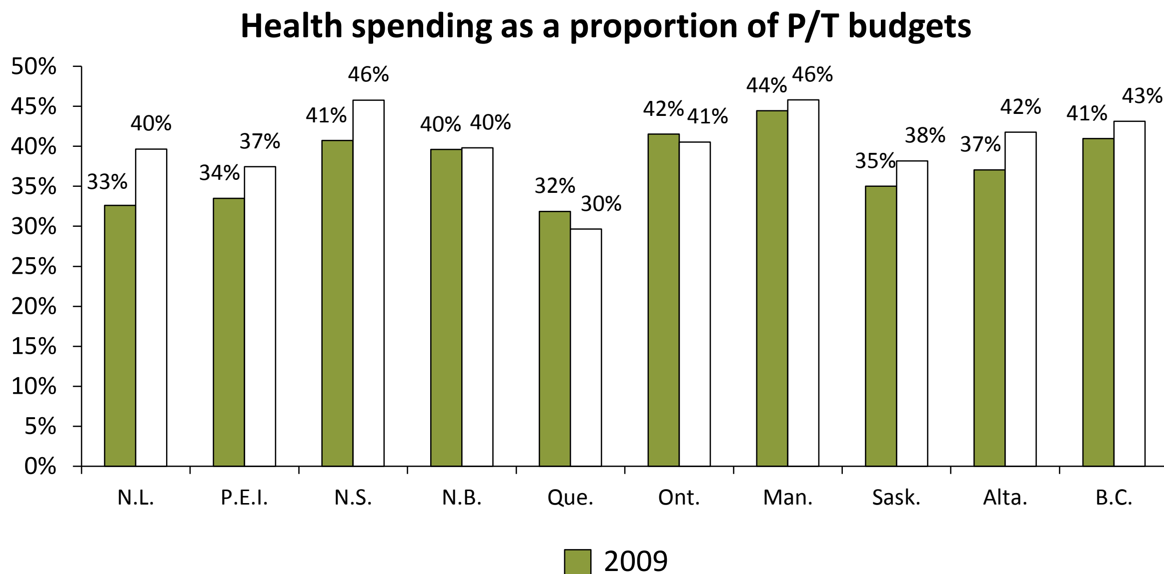
towards a HEALTH & SOCIAL ACCORD

Issue Brief

Eyes forward: The third wave of health system reform in Canada

The imperative of rising health care expenditures has been an important driver of health systems reform initiatives across Canada since the 1960s (see Appendix A). And although rates of spending growth have slowed in some areas, costs do continue to rise—set to total just shy of $220 billion nationally by the end of this year.

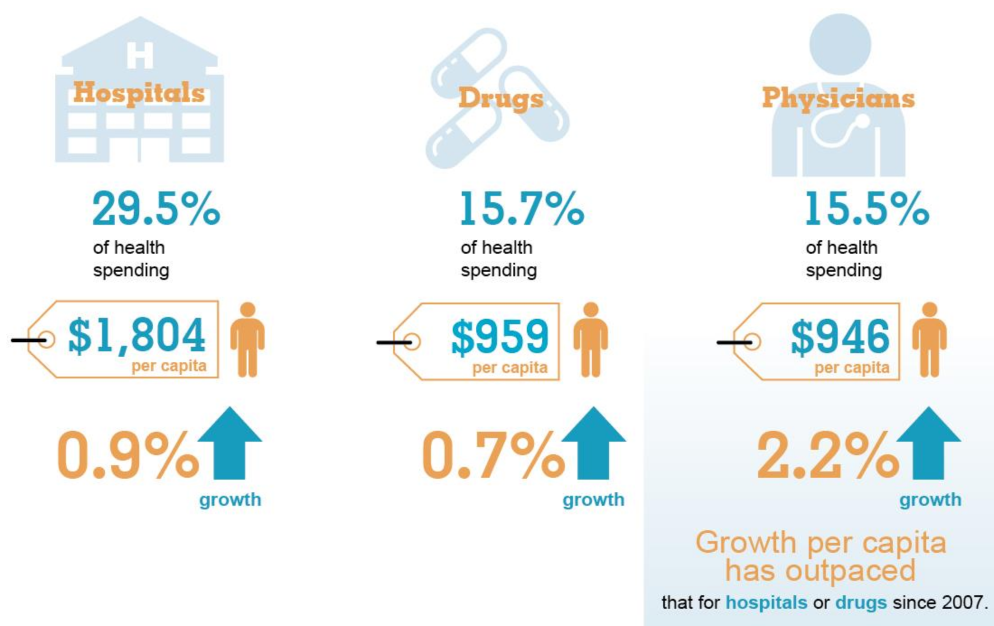
Health spending as a proportion of provincial budgets has increased in recent years for most provinces
© Canadian Institute for Health Information, 2015



Growth in the Canadian population by nearly 50% over the past 40 years contributed to an increase in costs of about 1% per year over the decade between 1998 and 2008.[1] And the growing population of seniors contributes a further 0.8% per year. Other important cost drivers identified by CIHI include:

- Health services utilization (12 times greater expenditure per capita over 1975 figures)
- Higher HHR costs, including a doubling of MD fees between 1998 and 2008
- Constantly expanding availability and use of new diagnostic and treatment services
- Ubiquitous use of pricy technology
- Higher drug utilization rates and higher drug costs
- Health care expenditure inflation exceeds general inflation across the economy.

Where is most of the money being spent?
© Canadian Institute for Health Information, 2015



But while fiscal costs, of course, need to be contained, the third wave of reform will be distinguished not by a singular focus on spending. Rather, impelled by the need to provide more and different services to a lot more people and more diverse people, the largest number of seniors in history on the horizon, and the emergence of chronic disease as the seminal health challenge of this century, there is broad agreement that reform going forward must link health care services much more effectively to actual population health needs. The days of emergency rooms and hospitals as the default provider of care from primary to hospice must be numbered.

National health reporter André Picard observed in October 2015 that, "The things we needed in the 1950s and 1960s are well covered."[2] But those sorts of services—insured doctor visits, accessible primary and acute care for all Canadians, and insured hospital treatment for injuries and communicable diseases, for example—with their strong orientation to treatment, rescue and cure, are a poor and pricy match for a rapidly aging population needing home supports, chronic and non-communicable disease management and, ultimately, access to more satisfying end-of-life care services.

Public opinion

Health care remains a high priority for Canadians. Public opinion particularly strongly favours programs such as national, publicly-funded pharmacare —91%, according to a July 2015 *Angus Reid* poll. In a June 2015 *Ipsos Reid* poll conducted for HealthCareCAN,[3] 84% of Canadians surveyed said they have higher expectations of health care than other public sector services. Among other key findings of that poll:

- 85% see pharmaceuticals as essential to health care, and two thirds would support public medicare coverage for drugs even if it means higher taxes.
- 82% don't care who provides their care as long as the professional is qualified, 9 in 10 believe multi-professional teams working together is better than solo acts, and more than three quarters support expanding scope of practice of RNs.
- 4 in 5 Canadians want online access to their own health care records, and despite security concerns, 85% believe electronic records would contribute to system efficiency.
- 9 in 10 support greater funding for mental health services.

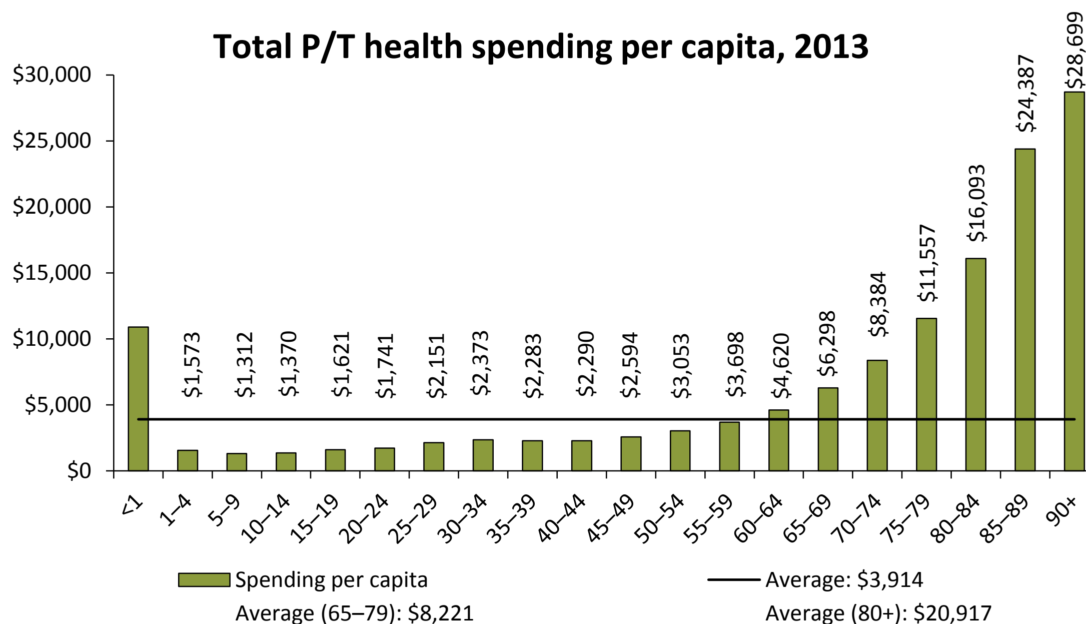
Last year, Statistics Canada reported data indicating that more than three quarters of a million Canadians go with their home care needs partially or entirely unmet— "among the most vulnerable members of society," as the *Toronto Star* added. Certainly the public has heard the message, and there is clear concern about the costs of care for older Canadians if we maintain our current model.

90% of subjects in the *Ipsos Reid* June 2015 poll said they believe the system needs to do a better job of identifying frail, vulnerable seniors and providing the services they need—and there has been a growing chorus of calls for access to affordable home care and long-term care options for all seniors.

It is no surprise then these concerns were reflected in party platforms in the lead-up to the recent federal election (see Appendix E), including priorities such as a national prescription drug program, a seniors strategy, support for public medicare and stronger health human resources (especially as they lead to improved access to services and shorter wait times.)

©2015. Prepared by Michael Villeneuve Associates for the Canadian Federation of Nurses Unions

On average, we spend more than double on older seniors than on younger seniors
© Canadian Institute for Health Information, 2015



"Because it's 2015"

Among many signposts heralding his intention to steer the federal government in different directions than his predecessor, the new Prime Minister immediately directed his new health minister, the Honourable Dr. Jane Philpott, to strengthen our publicly-funded universal health care system so that it can adapt to evolving challenges. He mandated her to engage PTs in the development of a new multi-year Health Accord. In addition to measures aimed to improve public health, Mr. Trudeau directed that the new accord should support action in five key areas:

Funding

- Establish a long-term funding agreement

Home care

- Support delivery of more and better home care services, including access to high-quality in-home caregivers, financial supports for family care, and, when necessary, palliative care

Innovation in digital technology

- Advance pan-Canadian collaboration on health innovation to encourage adoption of new digital health technology to improve access, increase efficiency and improve outcomes for patients

Affordable access to prescription drugs

- Improve access to necessary prescription medications. This will include joining with provincial and territorial governments to buy drugs in bulk, reducing the cost Canadian governments pay for these drugs, making them more affordable for Canadians, and exploring the need for a national formulary

Access to mental health services

- Make high-quality mental health services more available to Canadians who need them

In addition the Prime Minister committed to allocate $20 billion over a decade to support "social infrastructure," including affordable housing for seniors. These aspects of the government's agenda were articulated in the December 4, 2015, Speech from the Throne. Parliament is set to open December 5, 2015, for a brief session.

In all this, of course, the recommendations of the *Truth and Reconciliation Commission* must be articulated with health system reform—and all reform initiatives should respond to concerns about population health status (e.g., diabetes rates) and health system performance (e.g., efficiency, effectiveness and quality of care).

The opportunity before us

It seems likely that the FPT health ministers will meet on or about January 21, 2016. The Prime Minister has declared his intent to enter into a FPT accord, and during the recent election campaign he announced that he would provide an immediate commitment of $3 billion over four years for the home care priority of his platform. The devil is in the details, but the high-level position of the federal government in five areas is at least starting to take shape. It is reasonable to assume that the FPT health ministers would begin to talk about the elements and programs that might form part of the forthcoming First Ministers' Health Accord.

The five areas for action identified by the Prime Minister build on the accords of 2000, 2003 and 2004 (highlighted in Appendix A.) But they are not the only pillars of healthy systems needing bolstering or overhaul to realize improvements in population health and system performance. For example, wait times for primary care and other points of care remain too long in many areas of the country. Our health human resources are not deployed to deliver the maximum return on investment. And the whole range of health and social needs of Canada's seniors remains a hodgepodge that is inconsistent, not well understood by Canadians, and sometimes difficult to access. Integral to seniors' health is the issue of chronic disease, and a range of social, economic, environmental, and sometimes Indigenous determinants of health not mentioned explicitly by the prime minister, but all are important drivers of health services utilization.

Health professions and leading social advocacy groups share many policy interests. Among health professions, priorities continue to be articulated around the HEAL table, for example. In a Public Health Care Ally/ Stakeholder Roundtable of health and social groups held in 2012 to identify realistic goals for a possible future Health Accord,[4] representatives of 35 national and provincial associations agreed on six themes:

1. Primary health care reform with greater focus on prevention and health promotion
2. Maintain public, not-for-profit delivery of health care
3. Ensure a strong federal role in health care
4. Use health accord negotiations and federal funds to enable reform
5. Develop a national pharmacare program
6. Increase accessibility and address current inequities in services

©2015. Prepared by Michael Villeneuve Associates for the Canadian Federation of Nurses Unions

Nearly four years later, the Canadian Federation of Nurses Unions has invited representatives of key national stakeholders within and beyond health care to gather to identify points of agreement on elements and guiding principles that should form part of the anticipated new Health Accord. Mirroring public opinion, there is strong alignment among the public positions of these organizations on the need for:

1. Improved access to services across the continuum of care,
2. More effective planning and deployment of health human resources,
3. A national strategy to support healthier aging and more appropriate and affordable care options for the large looming cohort of seniors,
4. A strategy to provide prescription drugs based on need and not the ability to pay, and
5. Improved access to timely, safe mental health services.

Certainly these priorities are well aligned already with those identified by the Prime Minister in his letter to his Minister of Health. The stakeholder groups also spoke variously to the need to strengthen end-of-life care, Indigenous health, health care innovation with a particular focus on electronic health records, and issues related to stable funding, accountability, evaluation and reporting.

It will be important to recommend **principles** to underpin and guide development of **policy** responses and **programs**. Achieving the Institute for Healthcare Improvement's ubiquitous *triple aim* could be one example: policy and programs should support the drive for better health, better care and better value for all. The *triple aim* framework was used to organize CMA/CNA's document, *Principles to Guide Health Care Transformation in Canada,*[5] for example. Other principles could include the promotion of equitable access, eliminating financial disadvantage, based on evidence and improving safety, and value for the tax dollars of all Canadians—the principles laid out in the *Pharmacare 2020* report.[6] In its proposed *Social Care Act*,[7] the Canadian Association of Social Workers built on the five principles of the *Canada Health Act*, adding *fairness, effectiveness, accountability and transparency, rights and responsibility,* and *comparability*. Many values, principles and frameworks have been put forward, and it will be up to participants to determine the ones that should be recommended to First Ministers.

Conclusion

The June 2015 *Ipsos Reid* poll cited earlier found that the vast majority of Canadians expect health care professionals, especially doctors, nurses, health researchers and scientists, to exert a strong role in improving the health care system. Before the FPT health ministers cement their positions too firmly, Canada's health and social care professionals could seize the opportunity to inform those forthcoming policy decisions in a cohesive way. If we could align around some common messages regarding elements of a new Health Accord and the principles that should guide their development, professionals have a chance to lend strong, visible, public support to FPT governments in their negotiations. What is more, we have an opportunity to bring our advice and expertise to bear on filling important gaps—describing priorities and principles for action beyond the initial five set down by the Prime Minister.

A unified front on some key messages holds the promise to attract significant public attention and to influence policy directions in the interest of better health, better care and better value for all Canadians.

©2015. Prepared by Michael Villeneuve Associates for the Canadian Federation of Nurses Unions

Appendix A

Background: Our history of health reform

The first wave

Canada's formal health care systems have been evolving for more than a century, with structures and services in many ways cast by the eras before and after the discoveries of vaccines and antibiotics. The growth in prominence of hospitals as the zenith of health care during the 1950s and 1960s—and their prohibitive accompanying costs—gave rise to the first wave of health reform in Canada, focused on financing and payment.

Canada Day 1968 marked a turning point at the national level with passage of the landmark *Medical Care Act, 1966* establishing universal, publicly-insured health care—*medicare* as we often call the program. The original *Act* established a 50:50 cost sharing model between the federal government and the provinces and territories; all provinces and territories signed on by 1972.

In less than a decade the federal government had grown concerned that "federal funds allocated for health were being diverted by the provinces into non-health activities such as road building."[8] The subsequent Health Services Review led by Justice Emmett Hall in 1979-1980 gave rise to the *Canada Health Act, 1984*, which replaced existing hospital and medical insurance acts, prohibited extra billing and user fees, and consolidated funding criteria within a set of conditions, values and principles. All of Canada's federal and pan-Canadian health care initiatives since 1984 (see Appendix B) have been developed around the principles and conditions of the *Canada Health Act*.

The second wave

Writing about health system change in 1994, Michael Decter tied the start of the second era of reform to the decision of the Honourable Louise Simard, then Health Minister in Saskatchewan, to convert 52 small rural hospitals to health centres and transfer budgets to regional authorities.[9] Cost-containing and quality-boosting initiatives like Saskatchewan's had begun to appear in a number of other jurisdictions at the same time. But reform initiatives really spread rapidly across the country in the wake of the "deficit-slashing budget of February 1995"[10] tabled by Mr. Chrétien's government. Lazar noted that a "second wave of…reports was commissioned in the second half of the 1990s and the beginning of the 2000s in the aftermath of the freeze on health spending and with health care by then having become the highest policy priority of Canadians."[11] Major reform reports developed in most provinces and territories began to appear by the late 1990s (see Appendix C.) Most prominent at the federal level were the system reviews and recommendations for transformation tabled by the Honourable Roy Romanow and the Honourable (then Senator) Michael Kirby, both in 2002, both of which fuelled later health accords.

In part in an attempt to contain the fallout of the drastic federal cuts that began in 1995, Mr. Chrétien entered into an accord in 2000 with the provinces and territories[12] that set the stage for federal reinvestments in health care and action on a range of system reform initiatives. Ultimately that first accord laid the foundation for two subsequent FPT agreements in 2003[13] and 2004,[14] the latter of which was pitched as the *fix for a generation*. Main elements of the three accords are summarized in Table 1. These second-wave agreements certainly gave significant attention to system costs and financing, but differing from the thrust of the first wave of reform, 1957-1984, they turned at the same time toward reshaping health care services and programs to more effectively and safely meet the evolving health care needs of Canadians—especially to address the growing worry about the aging Baby Boom generation.

©2015. Prepared by Michael Villeneuve Associates for the Canadian Federation of Nurses Unions

Table 1. *Main elements of the 2000, 2003 and 2004 FTP health accords*

First ministers' *Communiqué on Health*, 2000	**First Ministers' *Accord on Health Care Renewal*, 2003**	**First Ministers' *10-Year Plan to Strengthen Health Care*, 2004**

• Access to care
• Health promotion and wellness
• Appropriate health care services – primary health care
• Supply of doctors, nurses and other health personnel
• Home care and community care
• Pharmaceuticals management
• Health information and communications technology
• Health equipment and infrastructure
	• Action on primary health care to ensure home care for Canadians, catastrophic drug coverage and pharmaceuticals management, and improved reporting on progress and outcomes to Canadians
	• A diagnostic/medical equipment fund
	• Information technology and an electronic health record
	• Additional reform initiatives in the areas of
	  ○ Patient safety
	  ○ Health human resources
	  ○ Technology assessment
	  ○ Innovation and research
	  ○ Approaches to improve the health of Canadians
	• Aboriginal health
		• Reducing wait times and improving access
		• Increasing the supply of providers through accelerated strategic health human resource action plans
		• Providing first-dollar coverage by 2006 for a range of home care services
		• Primary care reform to improve access, including electronic health records and Telehealth
		• Improved access to care in the North
		• A national pharmaceuticals strategy
		• Improvements to disease/injury prevention, health promotion and public health
		• Support for health innovation
		• Accountability and reporting to citizens
		• Solutions to Aboriginal health needs to be interwoven in all elements

Significant system improvement was realized in some areas as a result of the three FPT accords—better access to primary health care teams, regulation and deployment of nurse practitioners in every jurisdiction within six years, and reduced wait times for some procedures and programs, for example. And while the Canadian Institute for Health Information had been established in 1994, the accords of the 2000s led to establishment of additional structures important to supporting population health and health system performance across Canada, including:

- Canada Health Infoway, 2002
- Health Council of Canada, 2003 (closed 2014)
- Canadian Patient Safety Institute, 2003
- Public Health Agency of Canada, 2004

The government of Mr. Harper declined to engage in the FPT accord model favoured by his predecessors, but two further support structures were launched during his tenure in office:

- Mental Health Commission of Canada, 2007
- Canadian Partnership Against Cancer Corporation, 2007

©2015. Prepared by Michael Villeneuve Associates for the Canadian Federation of Nurses Unions

Mandated reviews of the 2004-2014 accord were conducted every three years. The final review (2012) concluded that while there had been progress, many reform objectives had not been met, and a great deal of work remained—"in particular in the areas of primary care reform, establishing electronic health records, health human resources planning, and catastrophic drug coverage."[15] The committee concluded further that "real systematic transformation of health care systems across the country had not yet occurred, despite more than a decade of government commitments and increasing investments." The members urged that meaningful change would require:

- Breaking down silos between sectors within health care systems
- Facilitating collaboration among different health care professionals
- Adopting compatible health information systems
- Establishing health governance and funding arrangements to support these developments.

In response to its investigation, the Senate committee made 46 recommendations to accelerate reform (see Appendix D). The committee also urged an acceleration of action to reorient health systems toward "the prevention of disease and injury, the needs of patients" and a holistic view of health linking physical and mental wellbeing. Finally, the report reminded all Canadians that most of the factors driving better health lie beyond formal health care programs and services in other social, economic, environmental, Indigenous and biological determinants of health.

©2015. Prepared by Michael Villeneuve Associates for the Canadian Federation of Nurses Unions

Appendix B

Federal and pan-Canadian health legislation and reform in the post medicare era

Prime Minister	Minister(s) of Health	Major Health Legislation and Initiatives
Pierre Elliott Trudeau 1979–1984	Monique Bégin	• *Canada's National-Provincial Health Program for the 1980s*. Report of the Health Services Review, 1980 • Task Force on F/P Fiscal Arrangements, 1984 • *Canada Health Act*, 1984 • Federal Task Force on the Allocation of Health Care Resources report, 1984
John Napier Turner 1984	Monique Bégin	
Brian Mulroney 1984–1993	Jake Epp Perrin Beatty Benoît Bouchard	• *Achieving Health for All: A Framework for Health Promotion* (Epp), 1986 • *The Ottawa Charter for Health Promotion*, 1986
Kim Campbell 1993	Mary Collins	
Jean Chrétien 1993–2003	Diane Marleau David Dingwall Allan Rock Anne McLellan	• *Canada Health Action: Building on the Legacy.* Report of the National Forum on Health, 1997 • Health Transition Fund, 1997 • *Social Union Framework Agreement*, 1999 • First Ministers' *Communiqué on Health*, 2000 • Canadian Institutes of Health Research established, 2000 • *Building on Values: The Future of Health Care in Canada*, Commission on the Future of Health Care in Canada (Romanow), 2002 • *The Health of Canadians – The Federal Role, Volume Six: Recommendations for Reform*, Standing Senate Committee on Social Affairs, Science and Technology review (Kirby), 2002
Paul Martin, Jr. 2003–2006	Pierre Pettigrew Ujjal Dosanjh	• First ministers' *Accord on Health Care Renewal*, 2003 • First Ministers' *10-Year Plan to Strengthen Health Care* (2004 Health Accord) • Canada Health and Social Transfer split into Canada Health Transfer and Canada Social Transfer, 2004

©2015. Prepared by Michael Villeneuve Associates for the Canadian Federation of Nurses Unions

Prime Minister	Minister(s) of Health	Major Health Legislation and Initiatives
Stephen Harper 2006–2015	Tony Clement Leona Aglukkaq Rona Ambrose	• *Out of the Shadows at last: Transforming mental health, mental illness and addiction services in Canada*. Report of the Standing Senate Committee on Social Affairs, Science and Technology (Kirby), 2006 • *Final Report of the Federal Advisor on Wait Times* (Postl), 2006 • F/P/T Patient Wait Times Guarantees initiative introduced, 2007 • Parliamentary Review of *A 10-Year Plan to Strengthen Health Care* (2004 Accord), House of Commons Standing Committee on Health, 2008 • Parliamentary Review of *A 10-Year Plan to Strengthen Health Care* (2004 Accord), *Time for Transformative Change. A Review of the 2004 Health Accord,* Standing Senate Committee on Social Affairs, Science and Technology, 2012 • Health Council of Canada closed, 2014 • *Unleashing Innovation: Excellent Healthcare for Canada.* Report of the Advisory Panel on Healthcare Innovation, 2015
Justin Trudeau 2015–	Jane Philpott	• "Engage P/Ts in development of a new multi-year Health Accord; should include a long-term funding agreement."

©2015. Prepared by Michael Villeneuve Associates for the Canadian Federation of Nurses Unions

Appendix C

Examples of second wave provincial/territorial health system development and reform initiatives

FPT	Health System Development and Reform
BC	• British Columbia Select Standing Committee on Health (Roddick Committee), 2002 • Conversation on Health, 2007
AB	• Premier's Advisory Council on Health for Alberta (Mazankowski Council), 2002 • *Getting on with Better Health Care: Health Policy Framework*, 2006 • *Health Action Plan,* 2008 • *Vision 2020: The future of health care in Alberta,* 2008 • *Alberta Health Services. Strategic Direction 2012-2015: Defining our Focus/Measuring our Progress*
SK	• Saskatchewan Commission on Medicare (Fyke Commission), 2001 • *Action Plan for Saskatchewan Health Care,* 2002 • *For Patients' Sake, Patient First Review report*, 2009
MB	• Health Advisory Network. Task Force on Health Promotion, 2002 • *Report of the Manitoba Regional Health Authority External Review Committee,* 2008
ON	• Health Consultation Process, 2002 • *Charting a Path to Sustainable Health Care in Ontario* (Drummond & Burleton), 2010 • *Public Service for Ontarians: A Path to Sustainability and Excellence.* Commission on the Reform of Ontario's Public Services, 2012 • *Ontario's Action Plan for Health Care 2012* • *Patients First: Action Plan for Health Care*, 2015
QC	• Commission of Study on Health and Social Services (Clair Commission), 2000 • *Getting Our Money's Worth, Report of the Task Force on the Funding of the Health System,* 2008 • *Commissaire à la santé et au bien-être. Rapport d'appréciation de la performance du système de santé et de services sociaux*, 2012
NB	• Premier's Health Quality Council, 2002 • *Wellness: We Each Have a Role to Play: Individuals, Communities, Stakeholders and Government: Final Report.* Legislative Assembly Select Committee on Wellness, 2008 • *Transforming New Brunswick's Health Care System: The Provincial Health Plan 2008-2012* • *Moving Towards a Planned and Citizen-Centered Publicly-Funded Provincial Health Care System,* New Brunswick Health Council, 2011
NS	• *Changing Nova Scotia's Health Care System: Creating Sustainability through Transformation. System Level Findings and Overall Directions For Change From the Provincial Health Services Operational Review*, 2008
PE	*An Integrated Health System Review in PEI: A Call to Action. A Plan for Change*, 2008
NL	*Strategic Plan 2008-2011*, Department of Health and Community Services, 2008

©2015. Prepared by Michael Villeneuve Associates for the Canadian Federation of Nurses Unions

NU	*Health Integration Initiative*, 2011-2014
NT	• Minister's Forum on Health and Social Services, 2000 • *Northwest Territories Action Plan,* 2002
YT	• *Report of the Yukon Health Care Review Committee,* 2008 • *A Clinical Services Plan for Yukon Territory. Final Report*, 2014

©2015. Prepared by Michael Villeneuve Associates for the Canadian Federation of Nurses Unions

Appendix D

List of Recommendations from the 2012 Senate Review of 2004-2014 Accord

1. That the committed annual increase in funding transferred from the federal government to the provinces and territories, through the Canada Health Transfer, be used by governments in great part to establish incentives for change that focus on transforming health-care systems in a manner that reflects the recommendations outlined in this report, and the overarching objectives of the 2004 10- Year Plan to Strengthen Health Care, including the need for measurable goals, timetables and annual public reporting through existing mechanisms.
2. That provinces and territories continue to develop strategies to address wait times in all areas of specialty care, as well as access to emergency services and long-term care, and report to their citizens on progress.
3. That the federal government work with provinces, territories and relevant health-care and research organizations to develop evidence-based pan-Canadian wait-time benchmarks for all areas of specialty care that start when the patient first seeks medical help.
4. That the federal government provide the Canadian Health Services Research Foundation a) commission research that would provide the evidence base for the development of pan Canadian wait-time benchmarks for all areas of specialty care; and or the Canadian Institutes of Health Research with funding to: b) commission research to evaluate the appropriateness of existing pan-Canadian wait-time benchmarks related to cancer, heart, sight restoration, and joint replacement.
5. That the Health Council of Canada examine best practices in reducing wait times across jurisdictions, through improvements in efficiency, focusing in particular on management practices such as pooling waitlists, the adoption of queuing theory and the development of referral guidelines and clinical support tools. 291The Canadian Health Services Research Foundation is an independent not-for-profit corporation established through endowed funds from the federal government and its agencies that is dedicated to accelerating health-care improvement and transformation, by converting innovative practices and research evidence into practice. It commissions research that focuses on the following areas: health-care financing and transformation, primary care, and Canada's aging population.
6. That the federal government work with provincial and territorial governments to develop a pan Canadian vision statement that would foster a culture of patient-centred care in Canada through the establishment of guiding principles that would promote the inclusion of patient needs and perspectives in an integrated health-care-delivery process.
7. That the federal, provincial and territorial governments ensure accountability measures be built into the Canada Health Transfer agreement, to address the needs of disabled persons.
8. That the federal government take the lead in working with the provinces and territories to: a) evaluate the impact of health-human-resource observatories in other jurisdictions; b) conduct a feasibility study, and determine the benefit of establishing a pan-Canadian health human-resource observatory and report on the findings.
9. That the Canadian Institutes of Health Information include linguistic variables in their collection of data related to health human resources and populations served by health-care systems across Canada.
10. That the federal government work with the provinces and territories and relevant health- care organizations to reduce inequities in health human resources, such as rural and remote health care, vulnerable populations, and Aboriginal communities.
11. That the federal government, through its Foreign Credential Recognition Program, take the lead in working with provincial and territorial jurisdictions and relevant stakeholders to accelerate their efforts to improve the assessment and recognition of the foreign qualifications of internationally educated health professionals and their full integration into Canadian health-care systems, in line with the principles, obligations and targets agreed upon in the Federal/Provincial/Territorial Pan Canadian Framework for the Assessment and Recognition of Foreign Qualifications.
12. That the federal, provincial and territorial governments work with universities and colleges to increase inter-professional training of health-care practitioners to continue the development of multidisciplinary health-care teams in Canada.
13. That the federal government work with provincial, territorial governments and other relevant stakeholders to develop indicators to measure the quality and consistency of home care, end-of-life care, and other continuing-care services across the country.
14. That where necessary, jurisdictions expand their public pharmaceutical coverage to drugs and supplies utilized by home-care recipients.

©2015. Prepared by Michael Villeneuve Associates for the Canadian Federation of Nurses Unions

15. That the Mental Health Commission of Canada work with the home-care sector to identify ways to promote the integration of mental health and home-care services.
16. That Health Canada, taking the lead, work with provinces and territories to create and implement an awareness campaign for Canadians about the importance of planning end-of-life care.
17. That the federal government work with provincial and territorial governments to develop a pan Canadian Homecare Strategy, which would include a focus on reducing the burdens faced by informal caregivers.
18. That the federal government work with the provinces and territories to increase access to palliative care as part of end-of-life health services in a broad range of settings, including residential hospices.
19. That the federal, provincial, and territorial governments develop and implement a strategy for continuing care in Canada, which would integrate home-, facility-based long-term, respite and palliative-care services fully within health-care systems. The strategy would establish clear targets 87 and indicators in relation to access, quality and integration of these services and would require governments to report regularly to Canadians on results.
20. That the federal, provincial and territorial governments share best practices in order to examine solutions to common challenges associated with primary-care reform, such as: the remuneration of health professionals; the establishment of management structures to guide primary-care reform; and the use of funding agreements linked to public health goals.
21. That the federal government work with the provinces and territories to re-establish the goal of ensuring that 50 per cent of Canadians have 24/7 access to multi-disciplinary health-care teams by 2014.
22. That the Government of Canada continue to invest in Canada Health Infoway Inc. to ensure the realization of a national system of interoperable electronic health records.
23. That Canada Health Infoway Inc. target its investments to: a) projects aimed at upgrading existing components to meet national interoperability standards set by the organization; and b) promoting the adoption of electronic medical records by health professionals in Canada, including working with stakeholders to identify effective incentives in this area.
24. That Canada Health Infoway Inc. work with provinces and territories and relevant stakeholders to: a) establish a target that would outline when all existing components of the EHRs would be upgraded to meet national interoperability standards; b) establish a target that would outline when at least 90 per cent of all physicians in Canada will have adopted electronic medical records; c) ensure that electronic health-record systems are currently being designed and implemented in a way that would allow for secondary uses, such as health-system research and evaluation; and d) develop a systematic reporting system in relation to access to tele-health services in Canada.
25. That the federal government work with provinces and territories to examine approaches to addressing differences in privacy laws across jurisdictions in relation to the collection, storage and use of health information.
26. Recognizing the ongoing unique challenges associated with health and health-care delivery in the North, that the federal government extend its funding of the Territorial Health System Sustainability Initiative beyond 2014 in a manner that is both sustainable and predictable.
27. That the Federal/Territorial (F/T) Assistant Deputy Ministers' Working Group work with relevant stakeholders and communities to: a) improve accountability measures to evaluate the performance of health-care systems in the North; and b) address jurisdictional barriers as they relate to health-care delivery and addressing the broader social determinants of health, including potable water and decent housing.
28. That the federal government work with the provinces and territories to develop a national pharmacare program based on the principles of universal and equitable access for all Canadians; improved safety and appropriate use; cost controls to ensure value for money and sustainability; including a national catastrophic drug-coverage program and a national formulary.
29. That governments, acting together, work with private health-insurance companies to encourage their adoption of best practices in cost-containment strategies.
30. That Health Canada report on progress towards the development of a regulatory framework for expensive drugs for rare diseases as part of its annual performance report to Parliament.
31. That the Public Health Agency of Canada continue its efforts to renew the National Immunization Strategy, including the establishment of goals, objectives and targets.
32. That the federal government work with provincial and territorial, and municipal governments to develop a Pan-Canadian Public Health Strategy that prioritizes healthy living, obesity, injury prevention, mental health, and the reduction of health inequities among Canadians, with a particular focus on children, through the adoption of a population-health approach that centres on addressing the underlying social determinants of health.

©2015. Prepared by Michael Villeneuve Associates for the Canadian Federation of Nurses Unions

33. That Health Canada, upon receipt of the Mental Health Commission report, use data developed on pan-Canadian child and youth mental-health issues to inform policy and program decisions relating to child and youth mental health.
34. That the federal government, taking the lead, work with provincial and territorial governments to establish a Canadian Health Innovation Fund to identify and implement innovative and best-practice models in health-care delivery, and the dissemination of these examples across the health system.
35. That the Canadian Institutes of Health Research provide an interim report in five years, evaluating the implementation and impact of its Strategy for Patient-Oriented Research, including its findings related to new primary-care models.
36. That Health Canada create a network between federally funded pan-Canadian health-research organisations and other interested stakeholders that would focus on identifying leading practices in health-care delivery, and work together to promote their dissemination in health-care systems across Canada.
37. That the federal government ensure ongoing funding dedicated towards health services and systems research, either through the Canadian Institutes of Health Research or the Canadian Health Services Research Foundation.
38. That the federal government through Health Canada work with organizations such as the Canadian Patient Safety Institute to promote the development of health-quality council concepts.
39. That the Canadian Institute for Health Information work with provincial and territorial governments and relevant stakeholders to develop a pan-Canadian patient-centred comparable-health-indicator framework to measure the quality and performance of health- care systems in Canada.
40. That all governments put measures in place to ensure compliance with the Canada Health Act and more accountability to Canadians with respect to implementation of the Act.
41. That Health Canada work with provincial and territorial partners to ensure equitable access to programs and initiatives related to improving Aboriginal health.
42. That Health Canada work with provinces and territories to ensure that the design and delivery of its programs and initiatives meet the unique needs and culture of Inuit people.
43. That Health Canada work closely with provincial and territorial governments to ensure improvements in Aboriginal health through the federal, provincial and territorial multi-year funding agreements.
44. That the federal government work with Aboriginal communities to improve the delivery of healthcare services in Canada, and deal specifically with removing jurisdictional barriers.
45. That Health Canada establish a working group with provincial and territorial partners and all national Aboriginal organizations to identify ways in which the role of Aboriginal organizations could be strengthened in the policy-making and development process.
46. That the federal government work with the provinces and territories to address the social determinants of health, with a priority focus on potable water, decent housing and education.

©2015. Prepared by Michael Villeneuve Associates for the Canadian Federation of Nurses Unions

Appendix E

Comparison of 2015 Federal Party Platforms on Four Key Health Care Priorities

Priority	Conservative	Green	Liberal	NDP
National Prescription Drug Program	No mention	The Greens have committed to introducing a national prescription drug program that will save Canada up to $11 billion annually through buying in bulk. Canada is the only developed country in the world with universal health care that does not provide prescription drug coverage – the Greens have promised to correct this.	The Liberal Party promised to return to the table with the provinces to negotiate a new Health Accord. Their priorities for a new Health Accord include improving access and reducing costs to prescription drugs. However, there was no actual plan laid out to create a national prescription drug program.	The New Democrats committed to working with the provinces to build a plan that supports universal comprehensive drug coverage. The NDP also committed to delivering $2.6 billion in new federal funding for universal drug coverage over the next four years, reaching $1.5 billion annually in 2019/2020. They estimate that their commitment to federal-provincial collaboration in bulk buying and price negotiations could save as much as 30% annually.
Safe Seniors Strategy	The Conservative platform made mention of tax breaks and tax credits for seniors, but no specifics were provided focused on improving health care for seniors.	The Greens shared a plan for seniors, but the plan did not go into detail on offering support for increased funding to create greater opportunities for quality long-term care, palliative care and home care.	The Liberals put much of their focus on seniors, committing to $3 billion in funding for home care over the next four years. Further, they committed to $20 billion in social infrastructure with a priority on investing in seniors' facilities, including long-term care.	The New Democrats unveiled a plan to spend $1.8 billion over four years to help the provinces provide better care for seniors. The party said this funding could expand home care for 41,000 Canadians, add 5,000 nursing beds and improve palliative care. The party also pledged $40 million for an Alzheimer's and dementia strategy.

©2015. Prepared by Michael Villeneuve Associates for the Canadian Federation of Nurses Unions

Priority	Conservative	Green	Liberal	NDP
Defending Public Funding and Delivery of Health Care	The Conservatives have implemented cuts to the federal health transfer escalator rates dropping from 6% to 3%, tied to GDP growth. There is also limited and targeted funding for health research.	As one of the key tenets of the Green Party's focus on health care, they said they will defend single-payer universal health care. They also promised to bring all parties back to the table for a renewal of the Health Accord. No commitment has been made to restore health transfer funding cuts or to commit to 25% federal funding.	The Liberals promised to return to the table with the provinces and develop a new Health Accord. They also expressed their belief that every Canadian deserves access to timely, publicly-funded health care.	The NDP have pledged to support Canada's public health care system, and promised to stop unilateral cuts to health care made by the current government.
National Health Human Resources Plan	No mention	No mention	No mention	The NDP has promised to invest $300 million to build 200 community health clinics across the country and provide $200 million in recruitment grants over four years, helping provinces hire 7,000 health care professionals, including nurses and nurse practitioners.

Party platform comparison courtesy of Canadian Federation of Nurses Unions, 2015

©2015. Prepared by Michael Villeneuve Associates for the Canadian Federation of Nurses Unions

Resources

[1] Canadian Institute for Health Information. (2011). *Health care cost drivers: the facts.* Ottawa: Author. Retrieved from: https://secure.cihi.ca/free_products/health_care_cost_drivers_the_facts_en.pdf

[2] Picard, A. (September 27, 2015). Life support: Medicare's mid-life crisis. *The Sunday Edition with Michael Enright.* Toronto: CBC.

[3] Ipsos Reid. (2015). *Expectations of the health care system. Presented to HealthCareCAN. Final report. June 2015***.** Ottawa: Author.

[4] BC Health Coalition. (2012). *Public Health Care Ally/Stakeholder Round Table*. Victoria BC: Author.

[5] Canadian Medical Association & Canadian Nurses Association. (2011). *Principles to guide health care transformation in Canada*. Ottawa: Authors

[6] Morgan, S., Martin, D., Gagnon, M-A., Mintzes, B., Daw, J., & Lexchin, J. (2015). *Pharmacare 2020. Summary of recommendations: Moving from principles to policies.* Vancouver: The Pharmaceutical Policy Research Collaboration, University of British Columbia.

[7] Moscovitch, A., & Thomas, G. (2015). *A new social care act for Canada.* Ottawa: Canadian Association of Social Workers.

[8] Chenier, N. (2002). *Health policy in Canada.* Ottawa: Government of Canada. Retrieved from: http://publications.gc.ca/Collection-R/LoPBdP/CIR/934-e.htm

[9] Decter, M. (1994). *Healing medicare. Managing health system change the Canadian way.* Toronto: McGillan Books.

[10] Goldenberg, E. (2006). *The way it works. Inside Ottawa.* Toronto: McLelland & Stewart Ltd. P. 323

[11] Lazar, H. (2009). A cross provincial comparison of health care reform in Canada: building blocks and some preliminary results. *Canadian Political Science Review, 3*(4), 1-14. Retrieved from: http://www.queensu.ca/iigr/sites/webpublish.queensu.ca.iigrwww/files/files/Res/crossprov/Lazar--BuildingBlocks.pdf

[12] Canadian Intergovernmental Conference Secretariat. (2000). *News release—First ministers' meeting communiqué on health.* Ottawa: Author. Retrieved from: http://www.scics.gc.ca/english/conferences.asp?a=viewdocument&id=1144

[13] Government of Canada. (2003). *2003 First Ministers' accord on health care renewal*. Ottawa: Author. Retrieved from: http://healthycanadians.gc.ca/health-system-systeme-sante/cards-cartes/collaboration/2003-accord-eng.php

[14] Health Canada. (2004). *A 10-year plan to strengthen health care*. Ottawa: Author. Retrieved from: http://www.hc-sc.gc.ca/hcs-sss/delivery-prestation/fptcollab/2004-fmm-rpm/index-eng.php

[15] Standing Senate Committee on Social Affairs, Science and Technology. (2012). *Time for transformative change. A review of the 2004 health accord.* p. xxiv

©2015. Prepared by Michael Villeneuve Associates for the Canadian Federation of Nurses Unions