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## **Bridging the Gap**

# **Building Collaborative Foundations for an Effective and Efficient Health Care System**

**Brief to the House of Commons  
Standing Committee on Finance**

**August 13, 2010**

## Executive Summary

The Royal College recognizes the government's responsibility to balance public spending with fiscal management especially in light of the current economic situation. Canada's health care system is under pressure to gain efficiencies and improve patient care in a context of ever increasing need; as professionals, physicians and surgeons are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation and high personal standards of behavior<sup>1</sup> and as such, it is incumbent on them to identify priorities in health care investment that will contribute to a healthier society, better patient care, enhanced systems and improved productivity.

The following recommendations represent foundations that will help bridge the gap between high-quality patient care and the system that delivers it. These worthy investments will result in short order in a more effective and efficient health care system and a healthier society that is less of a burden on a streamlined system working together — inter-professionally and across jurisdictions — yet respecting professional and federal/provincial/territorial responsibilities and jurisdictions.

The objective is to focus funding on areas that will contribute to doable solutions for effective and efficient health care in Canada. The Royal College is submitting four recommendations for consideration by FINA:

- 1. Leverage investment in human resources for health (HRH)<sup>2</sup> by establishing a trans-disciplinary taskforce to lay the groundwork for creating a pan-Canadian observatory.**  
*The Royal College strongly calls for the federal government to invest in a trans-disciplinary taskforce to lay the groundwork for the creation of a pan-Canadian human resources for health (HRH) observatory. The observatory will facilitate interactivity across the health care continuum through knowledge exchange throughout the country and beyond on leading practices and research amongst providers; the research, academic, regulatory and professional communities and federal/provincial/territorial governments. The observatory's ultimate contribution is high-quality and sustainable health care.*
- 2. Assure health, high quality health care and innovation through research.** *The Royal College urges the federal government to expand Canada's investment in health and health care related research. By reaching a benchmark investment over the next three years of at least 0.20 per cent of GDP for health and health care research, Canada will be in position to continue improving the health of Canadians while strengthening its health care system and economic competitiveness, maintain pace with other international jurisdictions, and enhance its ability to recruit and retain leading health, scientific and biomedical researchers.*
- 3. Promote and support innovation in the delivery of high quality health care.**  
*The Royal College advocates the creation of a national focal point for promoting and implementing innovation in the delivery of high quality health care in Canada. Although the National Quality Institute was established in 1992 by Industry Canada, health is not its exclusive focus and it does not have a high profile in the health arena. There is no body in Canada charged with driving adoption of quality improvement techniques in health care through innovation.*
- 4. Invest in the health and well-being of Canada's Aboriginal peoples.**  
*The Royal College solidly endorses the continued financial support of projects previously funded by the Aboriginal Healing Foundation (AHF); these projects address the unique health care challenges facing Aboriginal communities through relevant solutions including physical health and wellness, mental health, and family and community support. The Royal College also urges the federal government to extend its Aboriginal Health Human Resources Initiative (AHHRI) funding beyond the two-year term announced in Budget 2010, given the length of time needed to develop a sufficient cadre of human resources for health, who are central to meeting the health needs of Canada's Aboriginal peoples.*

## Introduction

Thank you for this opportunity for the Royal College to offer its perspectives to members of the Standing Committee on Finance (FINA) the fiscal health and health care-related priorities of the federal government.

The Royal College of Physicians and Surgeons of Canada is a national, non-profit organization established in 1929 by a special Act of Parliament. The Royal College ensures the highest standards for the training, evaluation and practice of medical and surgical specialists representing 65 specialties, subspecialties and special programs except in family medicine. The Royal College is dedicated to excellence in specialty medical care and the promotion of sound health policy for healthy Canadians.<sup>3</sup>

The Royal College recommendations represent foundational investments in areas of health and health care-related funding that will contribute to ongoing improvements for high quality health care in an effective and efficient system in Canada. Without targeted investments, Canada will run the risk of falling further behind in its overall health performance when comparing quality-of-life indicators with its peers in other countries; currently the Conference Board of Canada ranks Canada ten out of 16 benchmark nations; Canada has slid from fifth-place in the last decade.<sup>4</sup>

Four Royal College recommendations with evidence-based support follow.

### **Leverage investment in human resources for health (HRH) by establishing a trans-disciplinary taskforce to lay the groundwork for creating a pan-Canadian observatory.**

Canada's expenditure-based gross domestic product (GDP) was \$1,533 billion in 2007 of which health accounted for 10.4 per cent.<sup>5</sup> As recently observed by the Standing Committee on Health, Canada spent \$160 billion on health care in 2007. Health human resources accounted for approximately \$112 billion of that expenditure — 70 cents of every health care dollar — excluding the education of health professionals.<sup>6</sup>

Since health care is such a labour intensive endeavour, the percentage spent on human resources will likely not change dramatically. Yet, the delivery of high-quality and safe health care is often compromised because of shortages in many professions and medical specialties<sup>7</sup>. These shortages often cause pressures on physicians and surgeons who must fill these gaps in addition to addressing the needs of patients in their communities. Physicians and surgeons also care for Canada's growing and aging population, with more complex health care needs, while physicians and surgeons themselves are part of that same population. These demographic realities point to the need for urgent and concerted attention to Canada's human resources for health (HRH).

In Canada, a 2005 framework revised in 2007 from the Federal/Provincial/Territorial Advisory Committee on Health Delivery and Human Resources (ACHDHR) also produced a report citing, "The key differences between the proposed pan-Canadian approach and the traditional approach to HHR planning are that the proposed approach is collaborative, and it is driven by the delivery system design which, in turn, is based on population health needs. In the proposed pan-Canadian approach to HHR planning, each jurisdiction will continue to plan its own health care system, develop its own service delivery models, and develop and implement its own HHR policies and plans; however, it will do so within the context of a larger system that shares information and works collaboratively to develop the optimum mix and number of providers to meet all jurisdictions' needs."<sup>8</sup> Despite the promise of the ACHDHR framework, no provisions have yet been made for systematic and ongoing knowledge translation of leading practices between jurisdictions.

In the 2006 final report *A Physician Human Resource Strategy for Canada* funded by the Government of Canada and prepared by a task force responsible for extensive consultations with the medical community, governments and stakeholders arrived at the strategic conclusion to address HRH challenges: "Create a body or mechanism to support and facilitate coordinating mechanisms in developing and establishing future pan-Canadian HHR plans."<sup>9</sup>

In the same year the *Phase II Final Report* of the project entitled *Building the Future: An integrated strategy for nursing human resources in Canada* made a similar recommendation acknowledging that, "A national planning mechanism for HHR is a recurring theme in the reports. Nurses and physicians recommend that an infrastructure for HHR planning be established, with the analytical capacity, infrastructure support, and a governance model to coordinate a pan-Canadian needs-based approach to HHR planning."<sup>10</sup>

In October 2009 the Royal College hosted the Canadian Partnership for Progress in Health Human Resources (CPPHHR) conference. Leading researchers, academics, other health professions, regulatory and government

participants actively contributed their ideas through facilitated knowledge exchange sessions, including the prioritization of issues and solutions. An unprecedented majority of delegates identified barriers to inter-professional care and education models operating in silos as the top challenges facing HRH, although pockets of excellence in inter-professionalism pepper the country. Among key solutions identified, participants called for information sharing and the development and implementation of sustainable innovative models.<sup>11</sup>

Despite the benefits of a pan-Canadian HRH observatory being repeatedly recognized, nothing material has been done. Canada has thus lost many opportunities to leverage investments made in leading models to its detriment in maintaining health care leadership.

Unlike Canada, the United States is well underway in addressing HRH challenges through a national pan-American lens. The *Patient Protection and Affordable Care Act* established a National Health Care Workforce Commission (NHCWC) that will serve as a national resource on the nation's health care workforce for Congress and the president. Its 15-member commission is representative of all relevant stakeholders and multi-dimensional in its duties addressing issues concerning human resources for health.<sup>12</sup> The act specifically states that the NHCWC is to serve as a national resource for the purpose of assessing if the demand for health care workers is being met, identify barriers to coordination between federal, state and local levels, and encourage innovations.<sup>13</sup>

### **Recommendation One**

**Leverage investment in human resources for health (HRH) by establishing a trans-disciplinary taskforce to lay the groundwork for creating a pan-Canadian observatory.** *The Royal College strongly calls for the federal government to invest in a trans-disciplinary taskforce to lay the groundwork for the creation of a pan-Canadian human resources for health (HRH) observatory. The observatory will facilitate interactivity across the health care continuum through knowledge exchange throughout the country and beyond on leading practices and research amongst providers; the research, academic, regulatory and professional communities and federal/provincial/territorial governments. The observatory's ultimate contribution is high-quality and sustainable health care.*

### **Assure health, high quality health care and innovation through research**

The provisions made in *Budget 2010* for health and health-care related research were very encouraging. These investments will help improve Canada's health care system and the health of Canadians. However, despite positive movements forward, Canada's ability to recruit and retain leaders in the scientific and research communities is still tenuous.

For context, the US administration proposed \$31 billion in funding to the National Institutes of Health (NIH)<sup>14</sup> and \$286 million to the Agency for Healthcare Research and Quality (AHRQ)<sup>15</sup> in its 2011 budget submission to Congress. These amounts represent 0.22 per cent of the US Gross Domestic Product (GDP).

Both agencies are part of the federal government's Department of Health and Human Services. The NIH is the primary agency of the United States government responsible for biomedical and health-related research<sup>16</sup> and the AHRQ is the lead federal agency charged with supporting "health services research that will improve the quality of health care and promote evidence-based decision-making."<sup>17</sup>

By comparison, *Budget 2010* announced funding increases to Canada's three granting councils, Natural Sciences and Engineering Research Council of Canada (NSERC), Social Sciences and Humanities Research Council (SSHRC) and Canadian Institutes of Health Research (CIHR) in the additional amount of \$32 million annually, starting in 2010-2011. The Canadian Institutes of Health Research (CIHR) expects its total budget to exceed \$1 billion in 2010/11<sup>18</sup> or 0.08 per cent of Canada's 2009 expenditure-based GDP.

This notable gap in health and health care related research dollars between Canada and its closest neighbour gives pause for serious concern over the loss of our leading scientific and research minds.

In order to ensure appropriate funds are allocated to health and health care research, it is imperative that Canada's commitment approaches proportional parity — as a minimally acceptable benchmark — at least with the NIH in the US. By setting its sights on a parity-based target, Canada can make serious inroads in bridging the research funding gap.

## **Recommendation Two**

**Assure health, high quality health care and innovation through research.** *The Royal College urges the federal government to expand Canada's investment in health and health-care related research. By reaching a benchmark investment over the next three years of at least 0.20 per cent of GDP for health and health care research, Canada will be in position to continue improving the health of Canadians while strengthening its health care system and economic competitiveness, maintain pace with other international jurisdictions, and enhance its ability to recruit and retain leading health, scientific and biomedical researchers.*

### **Promote and support innovation in the delivery of high quality health care**

Other countries are surpassing Canada in promoting and supporting innovation in the delivery of high quality health care and have had the foresight to established institutes focusing on the quality dimensions of health care. In the US, the Institute for Healthcare Improvement (IHI) is dedicated to developing and promulgating methods and processes for improving the delivery of care throughout the world. England has the National Health Service (NHS) Institute for Innovation and Improvement which was established in 2005 for the purpose of promoting innovation.<sup>19</sup>

In Canada, the Saskatchewan Health Quality Council in particular has adopted IHI's collaborative method. Six provinces (BC, AB, SK, ON, QC and NB) have established health quality councils but these have mainly focused on reporting and not working with frontline clinicians to adopt new practices.<sup>20</sup>

In August 2010 Canada's premiers and territorial leaders met to discuss a variety of issues including the sustainability of Canada's health care system at the Council of the Federation meeting in Manitoba. Outcomes included working collaboratively to look at the feasibility of bulk buying medications or equipment and to get all the information and research necessary to make a strong case to the federal government for health care funding that keeps up with rising costs.<sup>21</sup>

High quality health care will also mitigate the risks from adverse events tied to an overburdened system. Safety enhancements can provide immediate savings and improvements in effectiveness and efficiency of the system but require collaboration among physicians, nurses, pharmacists and other health professionals and investment to use quality-improvement tools and community follow-up.<sup>22</sup>

At the national level, there is no body in Canada that is charged with driving adoption of quality improvement techniques in health care through innovation. In order to promote and support innovation in quality improvement processes practiced by clinicians, share pan-Canadian leading-practices and establish international partnerships for exchange of innovative solutions, the Royal College would like to see the federal government provide funds for establishing a made-in-Canada body that focuses on leading practices. An operating budget has yet to be developed but it would be ratified as part of the due diligence process in the focal point's creation.

## **Recommendation Three**

**Promote and support innovation in the delivery of high quality health care.** *The Royal College advocates the creation of a national focal point for promoting and implementing innovation in the delivery of high quality health care in Canada. Although the National Quality Institute was established in 1992 by Industry Canada, health is not its exclusive focus and it does not have a high profile in the health arena. There is no body in Canada charged with driving adoption of quality improvement techniques in health care through innovation.*

### **Invest in the health and well-being of Canada's Aboriginal peoples**

The health status of Canada's Aboriginal peoples is a national embarrassment. Compared to the non-Aboriginal population in Canada, Aboriginal people are 1.5 times higher to experience heart disease, three to five times more likely to develop diabetes and have tuberculosis infection rates eight to ten times greater.<sup>23</sup>

The Royal College recognizes that Aboriginal health is dependent on the integration of human resources for health (HRH) across the spectrum of health care professionals to meet the needs of individuals, families and communities. The diversity of Canada's Aboriginal peoples and cultures means that teamwork is an integral element to high quality health care in Aboriginal communities facing systemic factors that perpetuate chronic illnesses. Physicians understand the importance of bridging, mentoring and outreach programs; the

recruitment and retention of health professionals including midwives, community health representatives, traditional healers, health promotion experts and addition counsellors are integral members of health care delivery in First Nations and Inuit communities.<sup>24</sup>

The Royal College applauds the federal government's \$285 million commitment to Aboriginal health initiatives in *Budget 2010*. While some positive steps are being made, the federal government's decision not to renew funding for the Aboriginal Healing Foundation (AHF) in the 2007 federal budget and its 134 previously funded projects. The Standing Committee on Aboriginal Affairs and Northern Development heard in testimony from Health Canada officials that Health Canada's Indian Residential Schools Resolution Health Support (IRSRS) Program, intended to fill the void created by the loss of the AHF funding, would not "be able to go as far as the community-based types of approaches that the Healing Foundation had." And that "The Aboriginal Healing Foundation provided things...that we aren't going to be in a position to fund."<sup>25</sup> Addressing substance abuse, addictions, high suicide rates, high rates of diabetes and infectious diseases, which are symptoms of family and community breakdowns, require sustained and ongoing support.

The Royal College recommends continued financial support for the AHF, as previously relayed by Aboriginal organizations such as Clyde River's Ilisaqsivik Society, Qikiqtani Inuit Association, the Council of Yukon First Nations and supports the House of Commons Standing Committee on Aboriginal Affairs and Northern Development's recommendation to the federal government for a funding commitment of \$125 million over three years to the AHF.<sup>26, 27</sup>

Since the provision of culturally safe care is greatly predicated on a sufficient cadre of Aboriginal human resources for health, the Royal College is also concerned that the promising strides made under the Aboriginal Health Human Resources Initiative (AHHRI) will be for nought unless funding is extended beyond the provision made in *Budget 2010*. Dr. Marcia Anderson, Past President of the Indigenous Physicians Association of Canada, presented to the House of Commons Standing Committee on Health on March 25, 2010; she stressed that investments under the AHHRI be expanded and sustained beyond the 2 year term announced in the 2010 budget.<sup>28</sup>

Given the diversity of Canada's Aboriginal peoples and cultures, and the systemic factors that perpetuate chronic illnesses in individuals, families and communities, success in Aboriginal health is dependent on the integration of HRH across the spectrum of health care professionals. The AHHRI must be able to continue focusing on increasing the supply and mix of Aboriginal physicians to meet the needs of population. While numbers of aboriginal specialty physicians have increased in recent years (Statistics Canada recorded a 43 per cent increase in Aboriginal specialist physicians in the 2001 – 2006 national censuses), workforce numbers of Aboriginal specialists remain insufficient, and fall below those of most other health occupations including Family Physicians, Dieticians & Nutritionists, Midwives and Registered Nurses.

#### **Recommendation Four**

**Invest in the health and well-being of Canada's Aboriginal peoples.** *The Royal College solidly endorses the continued financial support of projects previously funded by the Aboriginal Healing Foundation (AHF); these projects address the unique health care challenges facing Aboriginal communities through relevant solutions including physical health and wellness, mental health and family and community support. The Royal College also urges the federal government to extend its Aboriginal Health Human Resources Initiative (AHHRI) funding beyond the two-year term announced in Budget 2010, given the length of time needed to develop a sufficient cadre of health human resources, who are central to meeting the health needs of Canada's Aboriginal peoples.*

#### **Conclusion**

Although Canada's investment in health and health care has seen some successes, we continue to lag behind in areas that represent synergistic foundations resulting in a steady degradation of the system. Unless critical links like HRH, research, innovation and health care of disadvantaged people are adequately funded, Canada's growing health care spending will cover only patchwork fixes instead of progressive solutions. There continues to be a notable gap in Canada's health care system between high-quality patient care and the system that delivers it. Federal government support for the recommended foundations will quickly contribute to efficiency and effectiveness gains of the system. In the long-term, concerted investments in the recommended areas will alleviate financial strains on health care funding, optimize resource deployment, enhance high-quality patient care, and improve provider and patient satisfaction.

## Endnotes

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6. Standing Committee on Health, 2010, *Promoting Innovative Solutions*, 3
7. CBC News, *Doctor Shortage to Shut Petrolia ER*
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