



ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
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DES MÉDECINS ET CHIRURGIENS DU CANADA

Written Submission for the Pre-Budget Consultations in Advance of the 2021 Federal Budget

Submission to the Standing Committee on Finance

Submitted by: Royal College of Physicians and Surgeons of Canada

Date: August 7, 2020



List of Recommendations

- **Recommendation 1:** The Royal College recommends that the federal government create a special emergency fund to build surge capacity of provincial/territorial health care systems to address pent-up demand as a result of COVID-19
- **Recommendation 2:** The Royal College recommends that the Federal Government accelerate the plan to have a connected country by ensuring all people in Canada have access to reliable high-speed internet by 2025, and provide additional financial support to the provinces and territories, so they can develop virtual care infrastructure and provide appropriate reimbursements for virtual care services rendered
- **Recommendation 3:** The Royal College recommends that the Federal Government provide targeted, sustained new funding to provincial and territorial governments to support physician health programs and other existing well-being services for healthcare professionals, provide paid sick leave for physicians, surgeons and others who do not have such benefits and help cover work-related health care costs for physicians, surgeons and other healthcare providers

Introduction

The Government of Canada must be applauded for its response to the needs of society in general and the healthcare system that has been front and center during the pandemic. Special investments in the healthcare system must be continued so as not to put at risk the health and well-being of patients and those who care for them. The Royal College would like to bring attention to the issues that have been prompted by the pandemic and not yet addressed by the Government of Canada. Notably, our submission calls upon the Government of Canada now to make targeted investments to:

- Address the impact of having put care on hold
- Accelerate implementation of virtual care
- Take care of the people who care for us.

Address the impact of having put care on hold

A productive and effective health care system leads to increased productivity, the creation and retention of high-quality jobs, and innovation driven by the best and brightest minds in Canada and the worldⁱ. Our health systems must have the appropriate resources as they reactivate and deal with the pent-up demand owing to the COVID-19 pandemic. More than 300,000 surgeries have been postponed owing to the pandemic as have countless diagnostic tests and other forms of care^{*}. These changes often further exacerbate the health status of those whose care has been put on hold because of the pandemic.

It is equally important to acknowledge that many of our health care facilities are also teaching sites for Canada's future physicians and surgeons. Residents and medical students need time to learn and perfect their skills. If hospitals and health care facilities are to support residents and other learners, additional capacity such as operating room time will be needed to ensure they are offered quality educational experiences while the system concurrently deals with the influx of patients whose care was put on hold.

As such, the Royal College recommends that the federal government create a special emergency fund to build surge capacity of provincial/territorial health care systems to:

- increase patient services such as surgeries, diagnostics, cancer care and other treatments;
- provide physicians and others access to a stable supply of PPE, medical equipment, medications and other resources;
- ensure that teaching facilities can fulfill their educational and patient care mandates;
- provide resources to long-term care facilities which are central to the post-care system so they can provide quality and safe care.

^{*} Calculated total does not include Quebec and Territories due to lack of publicly available data

Accelerate implementation of virtual care

Virtual care has been leveraged during the pandemic as an essential alternative to the traditional model of in-person health care and services. Platforms such as eConsult - a secure web-based tool that allows primary care providers to contact specialists with relevant clinical questions - have shown the ability to reduce wait times, enhance primary care delivery, reduce unnecessary referrals, increase access to specialist care and patient satisfaction, and reduce costsⁱⁱ, ⁱⁱⁱ. Telemedicine has also proven to play an essential role in Canada's health care system, especially during the pandemic^{iv}.

Looking ahead, virtual care will:

- mitigate increased demand for home- and facility-based continuing care as the population ages and address access issues for those living in rural and remote communities;
- have a positive impact on the environment by reducing green-house gas emissions caused by patient travel to and from medical appointments and associated loads on medical institutional from patient volume; and
- ensure that the more than 10,000 medical and surgical residents who are Canada's future doctors continue to access education and training, especially during the pandemic

Provinces and territories have seen the benefits of virtual care, especially during the pandemic, and have introduced health professional compensation for virtual care services; it is vital that these are not temporary measures and are instead integrated as properly resourced and sustained models of care.

The Federal Government must be applauded for its commitment to invest in infrastructure to ensure reliable access to high-speed internet for all people living in Canada – but this commitment must be accelerated. Without reliable high speed internet virtual care is seriously hampered or impossible.

As such, the Royal College recommends that the Federal Government:

- **Accelerate the Government of Canada's plan to have a connected country by ensuring all people in Canada have access to reliable high-speed internet by 2025.**
- **Provide additional financial support to the provinces and territories so they can develop the virtual care infrastructure and provide appropriate reimbursements for virtual care services rendered.**

Take care of the people who care for us

“As an anesthesiologist, the COVID-19 pandemic has resulted in a number of challenges that are very stressful for all of us.

We had to rapidly ensure that we had protocols to treat patients with the little knowledge we had about the SARS-CoV-2 while maintaining the safety of physicians, our resident learners and other staff. In the initial weeks, we experienced angst knowing that personal protection equipment (PPE) was in shortage and had to confront long-term systemic problems in the health care system such as inadequate staffing of nurses in some units, not having enough number of beds, among others. There is financial stress as well - when non-urgent medical procedures were stopped it meant our income went to 10-20% of the pre-COVID19 levels.

We are doctors, but we are patients too. We experience the same worries that all Canadians have. Many of us have healthcare problems that could mean a bad prognosis if we were infected with COVID19. We share the fear of bringing the disease home, especially with newborn babies or elderly parents. There are those of us that are also waiting for a biopsy, an endoscopy, a mammogram. “

Claudia Gomez, MD, FRCPC.

COVID-19 has placed an increased burden and stress on many healthcare professionals, including physicians. They are on the front lines coping with:

- an increased workload and the complexity of care associated with the pandemic and having had care put on hold;
- medical equipment supply challenges; and
- the ongoing risk of infection which has necessitated self-isolation from their families and colleagues.

Following the 2003 Severe Acute Respiratory Syndrome (SARS) outbreak, studies found high levels of emotional distress among healthcare professionals due to factors such as isolation, concern for family, job stress and social stigma due to potential exposure.^v

We must have high quality wellness and support programs in place for health professionals. Provinces have their respective programs in place and, recently, the Federal Government has commendably launched the Wellness Together Canada program. These programs need to be sustained and strengthened as physicians and others are increasingly at risk of burnout as they deal with an increased workload caring for COVID-19 patients and concurrently coping with the growing backlog of care that has been put on hold. We must care for those who care for us.

As such, the Royal College recommends that the Federal Government:

Provide targeted, sustained new funding to provincial and territorial governments to:

- **Support physician health programs and other existing well-being services for healthcare professionals.**
- **Provide paid sick leave for physicians, surgeons and others who do not have such benefits.**
- **Help cover work- related health care costs for physicians, surgeons and other healthcare providers**

Let's safeguard the health of patients and providers now and into the future

Our health care system's frontline healthcare professionals, administrators and decision-makers have been significantly challenged and have had to respond with urgency, ingenuity and collaboration in these unprecedented times. Now is the time to build on these efforts and collectively enhance the way we deliver healthcare to patients today and tomorrow. We would greatly appreciate the opportunity to discuss opportunities for collaboration on these and other issues, and to support the Government of Canada on health system planning efforts for a post-COVID-19 healthcare system while concurrently addressing the ongoing challenges of this pandemic.

ⁱ Healthy Workplaces. (2010, May 12). Retrieved from <https://www.canada.ca/en/health-canada/services/health-care-system/health-human-resources/strategy/healthy-workplaces.html>

ⁱⁱ Deloitte as objective 3rd party evaluator. OntarioMD Phase 1: Provincial eConsult Initiative Benefits Evaluation Study. (2015, August 31). Retrieved from https://www.ontariomd.ca/documents/econsult/econsultbenefits%20evaluation_final_report_20151030.pdf

ⁱⁱⁱ Liddy C, Deri Armstrong, McKellips F, Keely. (2016). A comparison of referral patterns to a multispecialty eConsultation service between nurse practitioners and family physicians: The case for eConsult. *J Am Assoc Nurse Pract.* 28(3), 144-150. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/25965249/>

^{iv} Jones, RP. (2020, May 4). Ottawa doctors embrace telemedicine as Nunavut sees 1st COVID-19 case. Retrieved from <https://www.cbc.ca/news/canada/ottawa/ottawa-nunavut-inuit-telemedicine-covid19-1.5553764>

^v Maunder et al. Long-term Psychological and Occupational Effects of Providing Hospital Healthcare during SARS Outbreak. *Emerg Infect Dis.* 12(12), 1924-1932. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3291360/>