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Enhancing Health and Health Care: The Foundation of a Competitive and Prosperous Canada

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

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Executive Summary

The federal government faces competing priorities for limited public funds within the current challenging fiscal environment. While funding for health care has seen enhancements over the past several years to address some of the effects of previous significant reductions to health spending, there are nonetheless gaps in health system enhancement that require federal attention, both to meet the needs of Canadians and also to support Canada's recovery from recession, including:

- **Maintenance of a stable and sufficient pan-Canadian health care provider workforce, including specialist physicians.** There are still not enough seats in health education programs to ensure enough new graduates to replace those who will leave the workforce. In fact, according to the federal Standing Committee on Health, there is a nationwide shortage of health human resources (HHR) and Canada may even be on the brink of an HHR crisis. Accordingly, the federal government should invest in the training and education of medical and other health professionals, including fulfilling the 2008 Conservative federal election campaign commitment to invest \$10 million per year over four years to fund 50 new residency spots in teaching hospitals, and extend it by 10 years.
- **Erosion of human capital in biomedical, health system and psychosocial research.** Recent federal budget reductions in funding for health and biomedical research place in doubt Canada's ability to recruit and retain leading scholars responsible for leading-edge research and advancements in specialty care. Accordingly, the federal government should expand and sustain Canada's investment in biomedical, health system and psychosocial research to more than 3% of Canada's GDP to improve both Canada's health care system and our ability to recruit and retain leading health, scientific and biomedical researchers.
- **The need to ensure uptake of an electronic medical record (EMR) that is interoperable for all physicians in all practice settings across the continuum of care.** As specialty medicine is dependent on the exchange of patient data between all health practitioners, we are concerned that the delay concerning the release of \$500 million allocated to the Canada Health Infoway in the 2009 federal budget will have an adverse impact on specialty medicine and to patients. Accordingly, the federal government should release the \$500 million dollars allocated to Canada Health Infoway in the 2009 federal budget immediately to support development and implementation of an EMR that is interoperable for all physicians in all practice settings across the continuum of care.

I Introduction

Thank you for the opportunity to offer the perspective of the Royal College on the fiscal priorities of the federal government to members of the Standing Committee.

The Royal College of Physicians and Surgeons of Canada is a national, nonprofit 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 in 61 specialties and subspecialties. The College is dedicated to excellence in specialty medical care, the highest standards in medical education and lifelong learning, and the promotion of sound health policy.

The Royal College is cognizant of the fact that while recent economic forecasts from the Bank of Canada predict a recovery in the latter half of 2009,¹ the federal government faces competing priorities for limited public funds within this fiscal environment. We also appreciate that funding for health care has seen enhancements over the past several years to address some of the effects of previous significant reductions to health spending. However, significant gaps remain in health care system enhancement that require federal attention, and our recommendations will focus on the following three:

- Maintenance of a stable and sufficient pan-Canadian health care provider workforce, including physicians.
- Erosion of human capital in biomedical, health system and psychosocial research.
- The need to ensure uptake of an electronic medical record (EMR) that is interoperable for all physicians in all practice settings across the continuum of care.

II Ensuring sufficiency of the specialty medical workforce to meet the needs of Canadians

While numbers of specialty physicians have increased in recent years, the supply and mix of specialty physicians remains inadequate to meet the needs of Canadians in a timely fashion. As such, Canadians are not assured they will receive the specialty care they need when and where they need it. In times of economic uncertainty, this is especially worrisome given the importance of a healthy workforce to productivity and economic renewal. A number of factors affect specialty physician supply and must be addressed. These include aging of the physician workforce that will bring within the next 5-15 years significant retirements. Contrasted against this, younger physicians typically work fewer hours than their older colleagues due to the desire for a different balance in their work and personal lives.

- *The aging of the specialty medical workforce:*
 - The Canadian Institute for Health Information confirms that the specialist physician workforce in Canada is aging: the average age of specialty physicians increased from 48.5 years in 1997² to 50.5 in 2007.³
 - CIHI data also shows that in 2007 more than half of the medical specialty workforce (51.3%) was fifty years of age or older,⁴ up 9.3% since 2000.⁵
- *Younger physicians are seeking a different balance in their work and personal lives:*
 - The aging workforce is not the only factor contributing to looming retirements for specialty physicians. Comparable data from the 2004 and 2007 National Physician Surveys show that specialty physicians reduced their mean number of work hours devoted to direct patient care,^{6,7} excluding on-call. Furthermore, in 2007, 35.6% of specialty physicians indicated that they planned to reduce their weekly hours of work (excluding on-call), while only 7.2% of specialists stated that they planned to increase their weekly hours of work.⁸
 - As the effects of an aging workforce are taken into account, we must also recognize that, typically, younger physicians are seeking a different balance in their work and personal lives than previous generations. Data from the 2007NPS shows that physicians under age 45 reported working fewer hours per week (excluding on-call) than their colleagues between the ages of 45 and 65.⁹ In addition, 87.4% of 2nd year specialty medical residents noted the ability to achieve balance between work life and personal life as an important factor in having a satisfying and successful medical practice.¹⁰

There have been various pan-Canadian HHR initiatives undertaken by the government and health professions, including the 2004 federal/provincial/territorial *10-year Plan to Strengthen Healthcare*,¹¹ 2005 *Framework for Collaborative Pan-Canadian Health Human Resources Planning*, nursing sector study¹² and Task Force Two. Despite these and other HHR research and planning efforts, maintenance of a stable and sufficient pan-Canadian health care provider workforce has proven an elusive goal. As noted by the Health Council of Canada, “each province and territory does its own planning, without the benefit of pan-Canadian information needed for reliable decision-making. The result is burnout in the workforce and continued competition between jurisdictions for health care providers – and continued public frustration with wait times, uncoordinated care, and finding appropriate providers.”¹³

Indeed, as the Standing Committee on Health heard from several witnesses during its 2008 statutory review of the 10-Year Plan, “there are still not a sufficient number of seats in health education programs to produce enough new graduates to replace those who will leave the workforce. In fact, . . . there is a nationwide

shortage of health human resources. Information on the extent of these gaps suggests that Canada may even be on the brink of a 'crisis' in health human resources."¹⁴

During the 2008 federal election campaign, the Conservative party promised to allocate new funds for training and education for new physicians and other health professionals. Yet, despite the need, there were no new funds within the January 2009 budget for new residency spots.

Recommendation 1: *The Royal College urges the federal government to invest in the training and education of medical and other health professionals, including fulfilling the 2008 Conservative federal election campaign commitment to invest \$10 million per year over four years to fund 50 new residency spots in teaching hospitals, and extend it by 10 years.*

III Ensuring capacity and human capital in research to enhance evidence-based care

Recent federal budget reductions in funding for health and biomedical research place in doubt Canada's ability to recruit and retain leading scholars responsible for leading-edge research and advancements in specialty care. Additionally, gaps in research and data collection concerning specialty medicine hinder effective HHR research, analysis and planning concerning specialty medicine.

- *Specialists are integral to evidence-based research and advances concerning medical care.*
 - Those specialists who have received support from CIHR and other granting organizations have completed leading edge research resulting from this support.^{15,16}
- *Without enhanced support, Canada is vulnerable to losses of human capital in research.*
 - While we commend new funding within the 2009 budget of \$35 million for postgraduate scholarships funded through our granting councils (NSERC, SSHRC and CIHR), we are concerned that the reduction of \$147 million (5.5%) over three years to these councils will threaten the sustainability of Canada's research enterprise and our ability to recruit and retain leading scholars and scientists. As the Canadian Medical Association Journal warns, "with a stroke of a pen, the 2009 budget could instead erase 7 years of brain gain after the years of brain drain in the mid-90s . . . To lose further academic leaders and clinical researchers, just as Canada's population is aging and needs medical schools to increase their training capacity, is short-sighted to say the least."¹⁷
 - This is particularly worrisome given that other countries such as the US and the UK are enhancing their investments in research.^{18,19} Announced cuts to the three granting councils have already caused leading scientists to leave Canada for the US: in May, top AIDS researcher Rafick-Pierre Sékaly announced that these cuts were one of the reasons behind his decision to move from McGill to the University of Florida. This loss is further exacerbated by the fact that 25 Canadian scientists will be joining with Sékaly to Florida to continue their AIDS research.²⁰ On March 16, 2009, an open letter was sent to the Prime Minister on this issue pointing out that "a new economy is coming out of this [financial] crisis and research and development will be the lifeblood to that new economy. We call upon you not to let Canada be left behind."²¹ As of August 12, 2009, this letter had been signed by over 2,200 Canadian researchers, scientists and academics.²²
 - On March 25, the Royal College sent a letter to the Hon. Gary Goodyear, Minister of State for Science and Technology to outline our "serious concern regarding recent development surrounding how health, scientific and biomedical research is funded in Canada and the potential impact on specialty health care."
- *Concern about Canada's ability to recruit and retain research capacity is not confined to Canada's research and academic communities.*

- An April 2009 Harris/Decima poll of 2,000 Canadians found that investing in education and research was the fourth most important federal government priority for Canadians after lowering unemployment, improving health care and protecting the environment and *ahead* of lowering taxes, reducing the public debt, fighting crime, and fighting terrorism.²³
- Over two-thirds of Canadians expressed concern when asked about their reaction to the 2009 budget cuts to research operating grants.

Recommendation 2: *The Royal College urges the federal government to expand and sustain Canada's investment in biomedical, health system and psychosocial research to more than 3% of Canada's GDP to improve both Canada's health care system and our ability to recruit and retain leading health, scientific and biomedical researchers.*

IV Supporting an electronic medical record for all practice settings to maximize efficiency

The Royal College is a firm supporter of interoperable, standards based electronic health and medical records and regards the integration of Electronic Health Records (EHR), Electronic Medical Records (EMR), and Clinical/Health Information Systems (CIS/HIS) as essential to the effective delivery of specialty health care services, and to overall patient safety. (EHRs are provincial health records, while EMRs are records within clinical systems used by physicians.)

The Royal College recognizes the progress undertaken by Canada Health Infoway (Infoway) and Canadian jurisdictions in the development and implementation of the EHR. As the voice for specialty medicine in Canada, we commend the federal allocation of \$500 million for the integration of Electronic Medical Records in the 2009 budget, and, more specifically, \$145 million within this allocation for the integration of facility based EMRs, CIS/HIS and Pharmacy Systems vendors. However, much more needs to be done.

- *While there has been some progress concerning the EHR within Canada, it needs to be accelerated.*
 - To ensure an effective, safe and cost-effective health care system, it is essential having EHRs accessible to family physicians and other specialists in all practice settings across the continuum of care. While there has been some progress regarding uptake and implementation of the EHR in Canada, it has been limited. In its 2007 annual report to Canadians on healthcare renewal in Canada, the Health Council of Canada noted that, "the pace of implementation in primary health care settings is still too slow."²⁴
 - According to the 2007 National Physician Survey, only 9.8% of all physicians across Canada use electronic charts instead of paper charts; 12.3% family physicians exclusively use EHRs, and only 7% of other specialists exclusively use them.²⁵ In order to realize the full promise of EHRs in terms of efficiency and patient safety, an interoperable EHR must be implemented across all patient care settings involving both primary and specialty care.
 - Infoway earlier reported that Canada will be "stretched to achieve its goal of providing 50 per cent of Canadians with an interoperable electronic health record infrastructure by 2010."²⁶ According to Infoway, as of March 31, 2009, 17% of the Canadian population has EHR infrastructure available to them and by 2010, the organization projects EHR access will increase to 38%.²⁷ It is our understanding that Infoway is currently projecting that by December 31, 2010, progress toward the EHR threshold of 50% of the Canadian population will be at 48%. We appreciate the fact that they are working to achieve the 50% target.²⁸
- *While there has been progress toward the EHR, Canada lags behind other countries in adopting the EMR.*
 - According to the Commonwealth Fund international health policy survey of primary care physicians conducted in 2006, 98% of medical records are electronic in the Netherlands. In New Zealand, the

figure is 92%, while in the UK and Australia the rates are 89% and 79% respectively. Of the seven countries surveyed, Canada ranked the lowest at 23% as of that date.²⁹

- Funds allocated for the EMR have yet to be released to Infoway. As specialty medicine is dependent on the exchange of patient data between all health practitioners, the delay concerning the release of the \$500 million will have an adverse impact on specialty medicine and to patients. The Royal College strongly encourages the federal government to release the \$500 million dollars immediately so that specialty medicine can leverage previous investments and ensure that our members have access to the right patient health information at the right time regardless of the health setting.

Recommendation 3: *The Royal College urges the federal government to release the \$500 million dollars allocated to Canada Health Infoway in the 2009 federal budget immediately to support development and implementation of an electronic medical record that is interoperable for all physicians in all practice settings across the continuum of care.*

V Conclusion Summary of Recommendations

Recent funding enhancements to health care have addressed some of the most pressing issues impacting upon our much valued publicly funded health care system. However, there are still significant gaps in health system enhancement that require federal attention now.

While the economy has recently been top of mind for many Canadians, health care remains an urgent priority for Canadians. According to a public opinion poll conducted by Nanos Research for the Canadian Federation of Nurses Unions released in June, health care remains the first priority for government spending at 38% despite the recession, edging out spending on the economy at 35.2%. This poll also noted the importance that Canadians place upon proper funding for health care when deciding how to cast their ballots during an election: two-thirds of Canadians stated that they would be likely or somewhat likely to vote against any party that did not fund health care properly.³⁰

Real and sustained progress across Canada concerning these important challenges confronting our health care system is urgently needed to realize the vision underlying the *10-Year Plan to Strengthen Healthcare*. Our recommendations are offered for your consideration to achieve this end. Canadians, regardless of where they live, deserve no less.

Recommendation 1: That the federal government invest in the training and education of medical and other health professionals, including fulfilling the 2008 Conservative federal election campaign commitment to invest \$10 million per year over four years to fund 50 new residency spots in teaching hospitals, and extend it by 10 years.

Recommendation 2: That the federal government expand and sustain Canada's investment in biomedical, health system and psychosocial research to more than 3% of Canada's GDP to improve both Canada's health care system and its ability to recruit and retain leading health, scientific and biomedical researchers.

Recommendation 3: That the federal government extend funding to the provinces and territories or to the Canada Health Infoway to support development and implementation of an electronic medical record that is interoperable for all physicians in all practice settings across the continuum of care.

Endnotes

- ¹ In July, the Bank of Canada predicted that after a significant decline in economic activity during the first half of 2009, positive growth is expected to return to the Canadian economy in the third quarter of 2009. However, recovery is not guaranteed due to a variety of factors, including continuing weak demand for Canadian goods abroad, ongoing restructuring in the forestry and automotive sectors, and rising unemployment. Bank of Canada. Monetary Policy Report. July 23, 2009. Last accessed August 12, 2009 from the Bank of Canada's website: <http://www.bank-banque-canada.ca/en/mpr/pdf/2009/mpr230709.pdf>.
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- ⁴ CIHI, 2008, op.cit, Table 1.2 Specialist Physicians by Sex, Age Group, Province/Territory and Canada, 2007, 65. Physicians age 50-59: 8,620; age 60-64: 3,161; age 65-69: 2,149; age 70-74: 1,251; 75-79: 568; age 80+: 193.
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