Health Council of Canada | Michael Decter and Cathy Fooks

Healthcare Renewal in Canada: Accelerating Change

Recent Canadian history has been marked by an increasing anxiety about the state of our healthcare system. As our population ages and new demands and demographic pressures are placed on the healthcare system, the Canadian public has been understandably preoccupied with the long-term viability of the system: Will the care I need be accessible in the future?

With that in mind, the First Ministers created the Health Council of Canada in late 2003. Comprising 27 councillors from across Canada, the Council has the role of an impartial observer, constructively identifying issues and needs facing Canada's healthcare system, and to monitor progress in renewing Canadian healthcare. Throughout 2004, councillors studied aspects of the healthcare system, and the culmination of that work is contained in our first annual report – *Healthcare Renewal in Canada: Accelerating Change* – which was released, in Ottawa, on January 27, 2005.

Underlying all messages in the report is a theme: speed up the process of change. There are some very encouraging innovations happening in our system – whether it is through the advances in telemedicine or new home-care delivery

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models – and we want to celebrate and promote those accomplishments. But we must also acknowledge that, unless we make the necessary changes now, we risk jeopardizing that momentum. Acknowledging pockets of success cannot be cause for complacency. We need to challenge ourselves to learn from those successes and broaden innovation.

The full document and supplementary material is available at our website www.healthcouncilcanada.ca, and we encourage you to consider the complete piece, but there are aspects of the report that are of particular importance to leaders and decision-makers in the healthcare community, and we would like to highlight some of those aspects of the report.

Healthcare Human Resources

The Council believes the development of a national healthcare human resources strategy – including a reconsideration of scopes of practice – must be a priority. For too long, issues related to workforce supply have been left to specific jurisdictions, and the workforce has tended to migrate to whoever pays the most money, without much long-range consideration of what will be the future needs of our population. It is clear that we cannot go on this way. We need to get all the stakeholders together – the professional associations, colleges and universities, governments, licensing bodies – and jointly develop a strategy to reassess our current and future needs. To that end, the Health Council of Canada will convene a health human resources summit meeting in Toronto in June 2005.

Multidisciplinary Teams

We believe a team-based, multidisciplinary approach is the future look of healthcare delivery in this country, and there are some very fine examples already under way that we highlight in our report, such as the Sault Ste. Marie Group Health Centre, the Winnipeg Women's Health Centre and community health centres in Quebec. We need to encourage and promote promising developments such as these, but also ensure that the way we train our future cadre of healthcare professionals reflects that direction. Our doctors, nurses, nurse practitioners, pharmacists, dieticians and so on, must be educated in collaborative practice so they are better prepared to graduate into that working environment.

Information Technology

Some great work has been done in the development of an electronic patient record: The Toronto University Health Network's initiative and PharmaNet in British Columbia were highlighted when we presented our report in Ottawa. But Canada needs to move much more quickly to adopt a modern, secure and efficient means of storing and sharing patient information. A modern information system will help streamline the patient journey and eliminate delays caused by the shuffling of paper patient files. It will enhance patient safety by making all relevant information available to healthcare workers. And it will reduce wasteful duplication of resources, such as diagnostic testing. Currently, Canada is set to have half the country "wired" with an electronic patient record by 2009, with the full population online substantially later than that. We can, and must, do better, and sooner.

Wait Times

Wait times have, perhaps understandably, become a popular means of measuring progress in healthcare. Several jurisdictions have begun collecting information and posting it on websites, for example, the Capital District Health Authority in Nova Scotia, the Montreal Regional Health and Social Services board in Quebec and the University Health Network in Toronto. The Saskatchewan Surgical Network has a province-wide system that comprehensively monitors wait times for interventions within the province. Another group of disease-

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based initiatives have focused on reducing wait-times for specific interventions such as cardiac surgery and cancer treatments. The Council believes that, as we move forward with wait time measurement, we must ensure that we take a comprehensive approach, so that care and attention is not solely directed at the procedures being tracked. The information that is supplied to the public must be reliable and comparable, which requires the use of standardized terms and measures. We need to define when waiting starts and ends, and all corners of the healthcare system must work together to simplify the patient journey.

Aboriginal Health
The challenges faced by the providers of healthcare to remote, Aboriginal populations are unique and daunting. Currently, a disproportionate amount of the northern healthcare budget is spent on jet fuel to fly those requiring care to southern locales. More must be done to establish care within the community, and this can be achieved by encouraging the development of an Aboriginal healthcare workforce with stronger community ties. The use of information technology – such as the NORTH Network's Telehealth System – which facilitates consultations via fibre optic network, can also positively impact the cost and social disruption of travelling far from home to receive healthcare.

Pharmaceutical Management
Canada currently has 19 different publicly funded drug plans, and each has its own rules for co-payment, deductibles and thresholds for catastrophic costs. The First Ministers are developing a National Pharmaceuticals Strategy for June 30, 2006. The Council has suggested that there be a defined minimum standard for drug coverage that applies across the country; that there be a process for comparing and reviewing different formularies; that drugs costing more than $5,000 per person per year be reviewed across public plans; that the common review process is developed for new and existing products; and that a drug information system for physicians, pharmacists and patients is developed. As mentioned earlier, the PharmaNet system in BC is a model for how electronic patient records can include all relevant prescribing information and enhance efficiency and patient safety.

Funding
Healthcare spending was expected to reach $130 billion in Canada in 2004, an average of $4,078 per person. Around

70% of that money comes from public sources, and by any measure the public has invested heavily in renewing health care. Canadians have an obvious interest in knowing whether that investment is aiding renewal. The 2003 Accord on Healthcare directed health ministers to report annually on how that money was being spent. The Government of Saskatchewan released a separate report on how the province has invested in the priority areas outlined in the 2003 Accord. Ontario has developed a template for reporting its investment in diagnostic and medical equipment. Both those initiatives are a good starting point for future initiatives tracking health care investment. Overall, the provinces and territories have not done the kind of monitoring of health spending that Canadians want and deserve, and the Council will take a closer look at funding in future reports. We have advised the health ministers to reconsider the role of comparable indicator reports and be clear about the purpose of those reports. That information should be collected into one report so Canadians can understand the differences and similarities across the country.

Our healthcare system is justifiably a source of pride for Canadians and an object of envy in some other countries. But our world has changed, our needs have transformed, our technologies have developed and our fiscal environment is increasingly strained. At the same time, our expectations are augmented. The Health Council of Canada was created with a mission to monitor progress in healthcare renewal, and the short answer is this country is making progress. But we must fight the reflex to take good news as a cause for complacency. We should be stepping on the gas pedal, not easing off and coasting on our accomplishments.

We believe firmly that the answers to many of the challenges faced by our system belong with the leaders and decision-makers within the healthcare field, and we know you share the view that the status quo is not an option; we must move forward to ensure the standards of excellence and service that Canadians have come to expect. We are confident that, working together, we can reach that goal.

About the Authors
Cathy Fooks is the Executive Director of the Health Council of Canada. This article represents an edited, condensed summary of the Council's first report to Canadians, which was released on January 27, 2005.

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