

# **STRENGTHENING MEDICARE:**

## **The Perspective of New Health Professionals**

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## **Preface**

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As the next generation of health professionals, we will be caring for patients in the healthcare system over the next five decades. We have grown up with Medicare, and are committed to working and caring for our patients in a **publicly-funded, single-tier system**.

We are confident that Medicare is sustainable through reform, innovation, and commitment on the part of healthcare providers, governments and the public.

For this reason, the Professional Association of Internes and Residents of Ontario (PAIRO), the Canadian Nursing Students' Association (CNSA), and the Canadian Association of Pharmacy Students and Interns (CAPSI) have founded the New Health Professionals Network (NHPN).

We have joined together to speak with one voice; not only because we believe Medicare must be strengthened, but also because the Romanow Report called for multidisciplinary health teams as the preferred approach to improving healthcare within a strengthened Medicare system.

Today we represent three organizations of new health professionals; our hope is that other associations representing new health professionals will join us in this effort.

**We are the Future Face of Medicare.**

## Introduction

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Medicare is Canada's most cherished national social program.

We believe that our healthcare system is at a crossroads. Either we renew our national commitment to single-tier publicly-funded Medicare, or we risk losing an institution that has defined and united us as a nation, with a corresponding erosion of the principle of equal access for all citizens to quality healthcare as a result of an increasingly fragmented and privatized healthcare system.

Why now, and why in Ontario? From July 28<sup>th</sup> to 30<sup>th</sup> 2004, the Council of the Federation will meet in Niagara-on-the-Lake, Ontario. One of the key purposes of this meeting, which will be chaired by Ontario Premier Dalton McGuinty, is for the Premiers and Territorial leaders to develop their strategy for the upcoming First Ministers' meeting on healthcare with the federal government.

The NHPN supports open and transparent public debate and decision-making, together with meaningful healthcare reform. Both are critical to the preservation and strengthening of Medicare.

As First Ministers across Canada prepare to meet and determine the future of our healthcare system, we urge them to conduct their meetings in the open, and to make their deliberations public. The future of Medicare is too important to be decided behind closed doors.

As well, in the spirit of open and collaborative healthcare reform, we offer the following policy suggestions. We believe these changes will help to ensure that we maintain a public Medicare system accessible and responsive to the needs of the public, long into the future.

## Sustainability

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### **National Commitment to Adequate, Stable and Predictable Funding**

Canadians are tired of the bickering that has characterized federal/provincial/territorial (FPT) relations on the issue of healthcare funding. All governments must take responsibility for ensuring a funding structure that allows planning and implementation of meaningful reform. At the same time, we strongly support the views put forward in both the Romanow and Kirby Reports that the sustainability of healthcare starts with the federal government.

In his report, Senator Kirby stated that "...Canadians strongly support national principles in healthcare, and they look to the federal government to play a strong role in setting and maintaining them and to ensure their application throughout the country" (Kirby, p.261). This strong role involves a commitment to the financial viability of the system, as well as to adherence to its fundamental values and principles. The federal government is ultimately responsible for the confidence Canadians have in their healthcare system.

We support the Romanow target of 25% federal funding of provincial/territorial (PT) costs for services covered under the *Canada Health Act*. Some progress has been made on this, but the goal of 25% has not been achieved.

### **Accountability from ALL Levels of Government**

Increased federal funding alone will not strengthen Medicare. In order to move forward, all governments must work together to agree upon a common vision for healthcare. This vision must not be based upon partisan politics, but rather on the will of the people to preserve and maintain the principles of the *Canada Health Act*. For this reason, we believe it is entirely appropriate for the federal government to attach meaningful conditions and guidelines to its funding, in order to promote the necessary structural reforms that federal funding is intended to facilitate. We must organize our healthcare system based on meeting patient needs, not on geographic or provincial silos.

While provincial and territorial governments must be allowed flexibility in how they deliver healthcare and preventative health services to meet the diverse needs of their citizens, the overall goal must also be to ensure that the funding intended to reform and sustain the Medicare system is actually used for that purpose. This also entails transparent accounting and reporting, together with reliance on performance measures.

Finally, accountability also means that governments should heed the evidence that supports the not-for-profit model as the most effective and efficient one for providing accessible and quality hospital care, as well as the core medical services that hospitals have traditionally provided. This includes recognizing that the expansion of for-profit clinics delivering advanced diagnostic and surgical services will end up allowing those who can afford to pay to jump the queue, thus jeopardizing the fundamental principle of equal access which lies at the heart of Medicare.

## **Health Human Resources**

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### **Comprehensive Health Human Resources Strategies**

A strong healthcare system begins with people. The current shortage of healthcare professionals—nurses, physicians, pharmacists and many others—is well documented. These shortages are also much more pronounced in certain disciplines such as primary care medicine and nursing, and in certain geographic areas, specifically rural and remote communities. Three and one half million people in Canada do not have access to a primary family doctor (Statistics Canada, June 2004). There is also a projected shortage of 78,000 registered nurses by the year 2011 (Canadian Nursing Association).

New health professionals support long-term solutions rather than “quick fixes” to the health human resource problem. These must include non-coercive supply and distribution incentives, new policies to promote multidisciplinary care and cooperation, as well as retention measures for established health professionals.

Increasing enrollment in health professional schools, including medicine, nursing and pharmacy, should target students from under-represented areas. Healthcare education should be more community-based in order to support the shifting patterns of healthcare, as well as to enhance recruitment strategies. It is also important to decrease barriers to entry in university programs, including ensuring that healthcare education is financially accessible to students from lower income backgrounds and reducing student debt burden.

Both recruitment and retention of health professionals should include reformed payment mechanisms reflective of the work actually performed and responsive to the need to promote multidisciplinary healthcare teams. Other needed reforms include professional support and development opportunities, sabbatical and vacation leaves, as well as access to information technology and research opportunities.

### **Provider Wellness**

Quality patient care and effective health promotion depend not only on an adequate supply and distribution of providers, but also on a workforce that is fulfilled professionally and personally. High levels of healthcare provider burnout, lack of professional supports, unsafe working conditions and discontent among providers is leading to a crisis in morale among healthcare workers. In a recent survey by the Ontario Medical Association, only 20% of physicians report being very satisfied with their lives as a physician, and 75% feel that their quality of life has declined in the last three years. This affects not only existing providers, but also discourages young people from entering healthcare disciplines.

As a result, the development of health human resource strategies and policies must also take into account the need to ensure a healthy provider workforce. This includes workforce planning based on reasonable workload and working hours; ensuring safe and healthy workplaces which minimize the risk of injury; improving benefits and flexible working arrangements for healthcare workers that support them and their families; providing resources to encourage providers to seek personal assistance when they encounter their own health-related problems; and emphasizing the importance of provider well-being during training.

## **Evolution and Innovation**

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### **Primary Care Reform**

Reform of our primary care system is the key to improving access and quality of care, as well as preventing illness, minimizing cost, and maximizing efficiency. The Ontario government has committed to expanding primary care reform through family health teams; other governments have also taken steps in the direction of reform. However, we must move beyond discussion to implementation.

Primary care models must be flexible and reflect different geographic, patient and provider needs. At the same time, they should incorporate the key elements of primary care renewal, which include alternatives to fee-for-service as the primary basis for physician compensation; the

prevention and management of chronic disease; the establishment of multidisciplinary teams; the improved access to information technology; and the implementation of best practice models.

Models cannot be designed in isolation from our specialty and acute-care facilities. They must retain meaningful links so that patients can access the specialty and acute care they need in a reasonable timeframe through their primary care provider.

### **Prevention and Management of Chronic Disease**

“An ounce of prevention is better than a pound of cure.” Healthcare in Western countries has long focused on treatment of acute conditions. Systemic reform must promote a shift towards the prevention, early diagnosis, and management of chronic diseases such as asthma, diabetes, cardiac disease, and cancer. True healthcare reform cannot occur until this shift has occurred. Moreover, this will ultimately save the healthcare system money.

Investment in community management of chronic disease, public health, and a review of determinants of health is central to managing these problems. We must come to view prevention and health promotion as central to the healthcare system rather than an adjunct to in-hospital care. One aspect of this is the need to build both prevention and medication management strategies directly into the funding and structure of the primary care system.

We should recognize the special role nurses, pharmacists and other professionals play in providing disease prevention, management and education. For example, community and hospital pharmacists are ideally positioned to assist, advise and prevent costly medication-related problems, both to the system and the patient.

### **Improved Multidisciplinary Work**

Healthcare is an ever-changing and complex field. Different healthcare providers are able to bring different knowledge and skill sets. As new healthcare professionals, we have been trained to work together. Teams include physicians, nurses, nurse practitioners, pharmacists, physiotherapists, occupational therapists, and many others. The Romanow Report underscores the “importance of multidisciplinary teams and networks of providers working together to address their patients’ health needs” (Romanow, p.107). We believe that multidisciplinary teams are essential to the evolving practice of medicine, and should be a pillar of healthcare reform.

Two key elements in encouraging enhanced multidisciplinary care are: a) recognition of complementary scopes of practice which respect the training and skills of each health profession, and b) implementation of payment mechanisms which promote cooperation among health professionals, and removal of barriers caused by current funding mechanisms.

### **Best Practices**

Despite the challenges faced by our system, excellent models of healthcare delivery have emerged across Canada that efficiently and effectively meet community and patient needs. We still have much to learn from others. We must practice evidence-based policy-making by identifying those success stories and propagating their principles.

One example of this is the Cardiac Care Network (CCN) of Ontario, which has received international acclaim for its coordination of advanced cardiac care across the province of Ontario, reducing waiting times for procedures and improving the quality of care ([www.ccn.on.ca](http://www.ccn.on.ca)). We believe that leading models such as the CCN should be studied and its principles applied, where appropriate, to other clinical systems. This will allow us to identify and expand the strengths in our healthcare system. Improved information technology, data gathering and system integration will further facilitate best practices.

## **Information Technology**

Information technology is the key to gathering information and integrating the various components of the healthcare system (Kirby, p.78). New health professionals have trained in an environment of changing technology, and are excited about the many benefits it can bring in the service of patient care and preventative healthcare. We urge all levels of government to invest in the development of a common Electronic Health Record which, as the Fyke Report from Saskatchewan states, “is the cornerstone of an efficient and responsive healthcare delivery system, quality and accountability” (Fyke, p.68).

## **Expanding Medicare Beyond Hospitals**

At the outset of Medicare, the focus was on acute care and therefore, understandably on hospitals. However, as the healthcare system and technology has evolved, we must recognize the reality that many services formerly provided in hospitals have shifted to the community. If we are truly committed to ensuring equal access to necessary healthcare, the time has come to expand Medicare to embrace fundamental aspects of homecare and pharmacare.

## **Conclusion**

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Healthcare is the most complex and challenging Canadian public policy issue. Scarcity of resources, diverse and aging patient populations, expensive technology and frustrated healthcare providers are just some of the challenges to which we must respond.

However, we firmly believe that the most fundamental challenge we face is to implement the funding and structural reforms our healthcare system needs, **while at the same time ensuring that we maintain our collective commitment to a publicly-funded healthcare system, based on equality of access to needed care.** As future healthcare providers, we also believe that the most efficient and effective mechanism for ensuring needed reforms are successfully implemented is through that same publicly-funded healthcare system.

We are excited to face these challenges and look forward to working with our patients and our colleagues to strengthen Medicare.