

THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA



The Role of the Federal Government in Health Care

Report Card 2016

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Our health care system represents a crucial bond that links Canadians and serves as an expression of our compassion for one another.

It is founded on the ideal that every person living in Canada is entitled to access to excellent care from expert health care providers.

Keeping Canadians Healthy, Now and in the Future

Our health care professionals are highly trained and among the best in the world. Our researchers do innovative work on the cutting edge of science and medicine. But the system they work in is often patchwork. Not all provinces and territories have equal resources; their populations are different, so their health care needs differ, too.

The federal government's role in health care is to pull these patchwork pieces together into a seamless whole, by:

- **Establishing** national standards for care
- **Upholding** the national standards it sets
- **Creating** national programs to meet Canadians' needs
- **Providing adequate funding** for developing innovative ways to deliver, monitor, and improve our health care

Our country's universal health care system is a point of pride for Canadians. The population's health needs are changing, however, and to ensure they are met the system needs to constantly evolve, address new challenges, and improve on past achievements.

As the voice of family medicine, the College of Family Physicians of Canada (CFPC) supports the federal government in its work to bring Canadian provinces and territories together in our publicly funded health care system.

The past year has seen the election of a new government in Ottawa that has much to say about health care. Taking into account this shift as well as movement (or lack thereof) on some federal health policy issues, this report card updates the grades from our [2013 publication](#) on federal government leadership accordingly. This report card revisits the five main areas that we established in our 2013 report. These areas are where the federal government has a role in making our health care system the best it can be to serve the needs of Canadians through all stages of life. We continue to use "spotlights" to grade the government's performance:

GREEN

A green grade shows that the federal government is demonstrating strong leadership; we encourage an ongoing commitment in these areas.

YELLOW

A yellow grade shows that the government is somewhat involved or has indicated an intent to act but could do even more.

RED

A red grade indicates that the federal government has shown no involvement. Red grades point to a need for immediate attention. A red grade is a call to action!

During the 2015 federal election campaign we graded the platforms of four federal parties based on what the platforms would do for each of the specific indicators listed here. Our [election website](#) continues to provide the background information needed to compare progress of the new Liberal government against its campaign platform.

In 2016, here is how the federal government is performing in these five key areas ...



1

PUTTING CARE FRONT AND CENTRE

As Canada’s population ages, chronic diseases become more prevalent and make up a larger share of what our health care system must address. Family physicians accompany patients on their health care journeys, connecting them with services as necessary and keeping their needs as central concerns. An integrated approach that is patient-centred, accessible, timely, and comprehensive will prepare our health system for future challenges.

A Family Doctor for Every Canadian

Ensuring that individuals have access to a family doctor is an integral component of keeping people healthy. The federal government has underlined the importance of every Canadian having a family physician and aims to address this issue by working collaboratively with provinces and territories. However, no specific details on how this is to be achieved have been given. The government needs to develop effective recruitment and retention initiatives to ensure patients have appropriate access to family physicians across Canada.



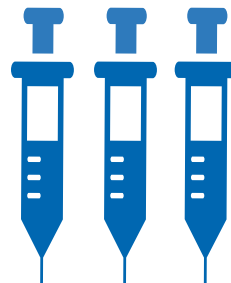
Support for the Patient’s Medical Home

The Patient’s Medical Home (PMH) is a model of team-based care with the patient at the centre, giving the patient a “home” to go to for lifelong, comprehensive care. Several provinces are exploring models built on these principles but federal action in this area is lacking. Although the federal government has commented on the importance of an integrated primary care system that is multidisciplinary and patient-centred, it has not yet provided dedicated funding or explicit support for practices that follow PMH principles.



National Immunization Strategy

To help ensure the ongoing health and safety of Canadians, high levels of immunization coverage among Canadians are required. The 2016 budget proposes to provide \$25 million over the next 5 years for the Public Health Agency of Canada to update national immunization coverage goals and disease-reduction targets, improve Canada’s ability to identify under- and un-immunized Canadians, and develop a focused program to improve vaccine access and uptake. The government needs to build on the National Immunization Strategy to ensure that all provinces and territories have the same levels of immunization access and coverage.



National Home Care Program

Canadian health care is moving away from relying on acute, hospital-based care and toward using more community- and home-based care. Although the government had previously committed an investment of \$3 billion to support additional and improved home care services, no commitments were made in the 2016 federal budget. The CFPC looks forward to working with the government to integrate home care as part of its new health accord.



2013: RED



2016: YELLOW

Support for Electronic Records

Electronic records are an integral component of the modernization and innovation of the Canadian health care system. While the adoption of electronic records has increased steadily in Canada over the past decade, interconnectivity remains an issue. The 2016 budget proposes to provide \$50 million over the next 2 years to Canada Health Infoway to support short-term digital health activities in e-prescribing and tele-homecare. The CFPC calls on the federal government to provide additional support for the development of information management standards and advanced use of this innovative technology.



2013: YELLOW

2016: YELLOW

National Pharmaceutical Strategy

The federal government has voiced its support for increasing the affordability and accessibility of prescription drugs by collaborating with provincial and territorial partners to purchase drugs in bulk and exploring the need for a national formulary. The Standing Committee on Health is currently studying the potential development of a national pharmacare program.



2013: YELLOW

2016: YELLOW

Timely Access

Primary care wait times in Canada continue to be an issue. Despite the government's consistent acknowledgement that this is a crucial area, measurable improvements have not been achieved. Progress will require contributions from many stakeholders, including all levels of government and the health care community. The federal government can act by establishing national standards and supporting initiatives to realize these standards—both ideologically and materially. Regional differences in wait times also need to be addressed, as not everyone in Canada has comparable timely access to care. Although the federal government is looking to collaborate with provinces and territories, no specific investments or initiatives have been introduced to resolve this issue.



2013: YELLOW



2016: RED



2

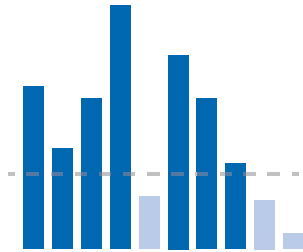
CARING FOR THE MOST VULNERABLE

Countries with lower levels of income inequality appear to be better off with respect to health outcomes and social development. Overall, greater socio-economic equality is associated with better health outcomes for the entire population.

National Poverty Plan

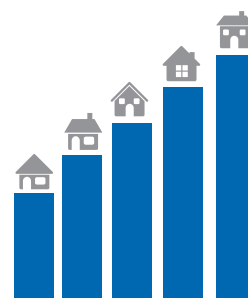
Economic well-being contributes directly to health outcomes, and a healthy workforce is the foundation of a healthy economy. To address poverty at the population level, the government has introduced the Canada

Child Benefit, increased the Guaranteed Income Supplement for seniors, and invested in improving socio-economic conditions of Indigenous peoples. In 2016 the government launched a pilot program to evaluate anti-poverty initiatives in six test cities across the country; the results are expected to inform an eventual national poverty-reduction plan. These pilots are promising. Developing and implementing a robust anti-poverty strategy informed by these pilots would demonstrate strong federal leadership and should contribute significantly to better health for many people across the country.



National Homelessness Plan

The 2016 federal budget includes significant investments in housing to prevent and reduce homelessness, including support for recovery-oriented Housing First initiatives (these programs provide permanent housing as the initial step in addressing homelessness and then offer additional services as needed). The government is working on a National Housing Strategy that is to be introduced



by the end of 2016 to start developing innovative approaches and improving outcomes for Canadians. An ongoing national program to reduce homelessness would benefit all Canadians. In 2016, the Minister of Families, Children and Social Development launched a consultation process to inform Canada's future housing strategy.



National Mental Health and Addiction Strategy

Although it is promising to see mental health referred to specifically in the Minister of Health's mandate letter, a meaningful investment in mental health was absent from the federal government's budget. Canada would benefit from a national mental health and addiction strategy, and the CFPC urges the federal government to take action. Sound strategies for tackling mental health already exist and can be adopted quickly. However, funding to deal with a range of specific mental health issues is lacking. The Minister of Health has stated publicly that the 2016 health accord may direct targeted funding at specific areas; this should include direct investment in mental health services.



Child and Youth Strategy

The federal government proposes to invest \$500 million in 2017–18 to support the establishment of a national framework on early learning and child care. The government has also discussed introducing new restrictions on the commercial marketing of unhealthy food and beverages to children. Bringing these measures to life would be a strong show of leadership on the part of the federal government. The CFPC calls for a federal strategy on child and youth health issues such as mental health and obesity. We are optimistic that the introduction of the Canada Child Benefit may have a positive impact on the health of children from lower-income households.



2013: RED



2016: YELLOW

Indigenous Health Programs

The federal government is responsible for Indigenous health. It has provided targeted funding of \$8.4 billion over the next 5 years for Indigenous health programs; this includes support for the Nutrition North Canada subsidy program, Indigenous mental wellness, and Indigenous health infrastructure. The government has announced additional investments in and is working with First Nations communities to support Jordan's Principle, which ensures Indigenous children receive timely access to health and social services when needed. The CFPC is encouraged by these investments and supports increased engagement with Indigenous communities in the future.



2013: YELLOW



2016: GREEN



3

HAVING ENOUGH HEALTH CARE PROVIDERS

People in Canada should have equal access to care regardless of where they live. Having enough of the right kinds of health professionals with the right skill sets, especially in historically underserved regions and remote areas, is vital to the effective functioning of our health care system.



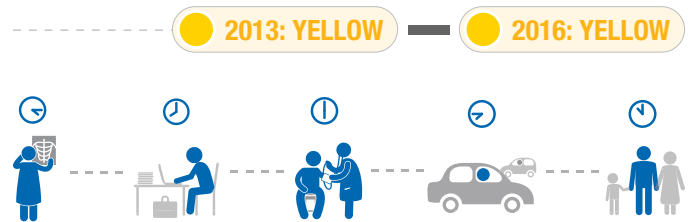
Tracking Supply and Demand to Get the Mix Right

The federal government established the Pan-Canadian Health Human Resource Strategy (HHRS) in 2004 to attract, prepare, and retain health care providers. Despite the promise of the HHRS, at present there are still too few specific strategies and mechanisms and inadequate infrastructure in place to coordinate, monitor, measure, inform, and guide the production, distribution, and utility of the Canadian health workforce. The CFPC wants to see more time and resources devoted to producing the knowledge needed to address health workforce supply issues and ensuring we have the right mix of health care providers needed to offer excellent patient care.



Taking Care of the Care Providers

While portions of the HHRS address issues such as improving work/life balance for staff in health care organizations, many issues remain—in particular burnout and heavy on-call hours affecting physicians, especially in rural areas. The CFPC urges federal decision makers to ensure physician wellness is supported and to develop a national action strategy, which can be part of a national approach to mental health, in an effort to move knowledge into implementation.



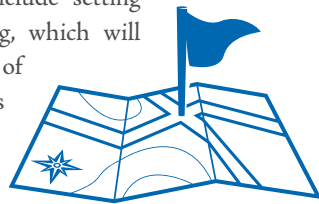
4

ESTABLISHING A VISION FOR HEALTH CARE AND MEASURING PERFORMANCE

Providing adequate funding, establishing national standards, enforcing legislation, and ensuring all regions of Canada receive equal and appropriate resources: By fulfilling—or neglecting—these responsibilities, the federal government has an immediate and direct impact on our health.

National Health Strategy

Any new health accord must include setting priorities and targets for funding, which will pave the way for the development of a national health strategy. Targets allow for better coordination of priority care delivery across the country, subject to defined need.



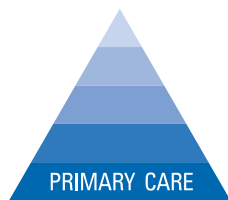
National Health Goals

The Minister of Health has indicated publicly an interest in setting national goals in certain areas, but it remains to be seen whether these will form a part of the new health accord and subsequent negotiations with the provinces and territories. The federal government should be commended for acknowledging and acting on some national goals, such as vaccination rates, but a more comprehensive approach with measurable actions is needed.



Primary Care Support

Canada's health care system performs poorly on many metrics of primary care compared with those of similar countries. The federal government can do more to assist in coordinating the rollout of primary care innovations to improve access for Canadians. A robust, well-supported system of primary care, such as that described by the Patient's Medical Home concept, is necessary to keep people healthy.



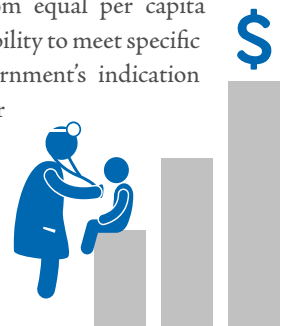
Rural and Remote Care

While little is being done at a national level to address the health inequities faced by individuals living in rural and remote communities, the government has approved some targeted initiatives in 2016. Specifically, tangible funding for health infrastructure in Indigenous communities will help ameliorate the situation in many locations over time. The expansion of the Nutrition North Canada program will have some preventive health benefits by helping to make nutritious foods more readily available to a greater number of residents of remote communities. [The CFPC's Advancing Rural Family Medicine task force](#) is a resource available to assist policy-makers in developing a national strategy on rural and remote care.



Health Funding

Public statements the government has made about funding are promising. However, no budgetary commitments of significance across the health care spectrum were included in the 2016 federal budget. Promises made in the Liberals' 2015 election platform regarding funding for home care are pending. The 2015 budget delivered some targeted funding increases, such as for Indigenous health. A move away from equal per capita funding would allow for an improved ability to meet specific needs of provinces. The federal government's indication that the lower 3% funding escalator may persist into the next health accord is of concern to many provinces, but this is mitigated by statements that indicate targeted funding for specific health programs with national scope is also on the way.



5

SUPPORT HEALTH CARE RESEARCH

Good, evidence-based, and peer-reviewed research is the lifeblood of health care. It is the foundation for informed decision making on health care policies and guidelines. Think of great Canadian contributions to human health, such as the discovery of insulin and pioneering work in stem cells. The CFPC’s [The Seven Wonders of Family Medicine Research](#) document highlights some of the Canadian research that continues to meet and exceed a high standard. Research also contributes to improving best practices in medicine—helping doctors, nurses, and other health care providers deliver excellent care.

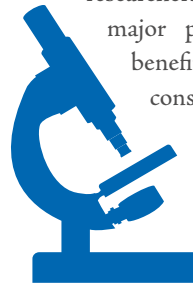
Appropriate Funding for Health Care Research

The government shows strong support for health care research, including a substantial increase in funding allocated to the Canadian Institutes of Health Research (CIHR); however, funding opportunities for new initiatives will be delayed to address concerns scientists raised about the integrity and quality of the CIHR’s new grant review process. The Health Minister and CIHR have taken action to address these concerns and are committed to finding a resolution that is satisfactory to all parties over the next year.



Appropriate Evidence for New Policies

Progress has been made in raising standards for evidence-based health policy development by supporting collaboration among researchers and decision makers. However, as it formulated major policy changes the government would have benefited from a wider range of research, as well as consideration of voices from a broader spectrum of the community (experts and general public alike) and the impact of its decisions on particular segments of the population. The CFPC calls for greater support for evidence-based health policies.



Appropriate Funding for Primary Care Research

A major increase in funding for primary care research is still needed in Canada, with the goal of supporting and expanding specific primary care initiatives. The government’s pledge of \$62.25 million to support five new pan-Canadian research networks in chronic disease through its Strategy for Patient-Oriented Research is a move in the right direction, but a greater focus on multi-morbidity research rather than individual chronic diseases is warranted. Furthermore, a commitment to dedicated and sustained funding for the infrastructure of foundational research, such as the [Canadian Primary Care Sentinel Surveillance Network](#) and practice-based research networks, is lacking.



Communicating Research into Policy and Action

The government has taken some action to engage researchers, policy-makers, decision makers, and other stakeholders in working together to identify gaps in knowledge that need to be addressed through user-friendly and interactive networking portals. Access to and the communication of government health research have improved for health care providers and policy-makers; however, these areas have not improved as much for the general public. The CFPC encourages policy-makers to move forward with the development of a public-facing central portal for information on government-funded research projects.



Conclusion

The CFPC's Report Card 2016 reflects the Canadian government's current performance. As the health care environment changes, the CFPC will actively reassess how the government's decisions affect the indicators used in this report.

While the CFPC continues to use the same 23 indicators in this update as we did in our [2013 report](#) to allow for comparisons, new indicators are under consideration for our next report card.

When the federal government takes a stronger leadership role in an area, we will adjust the grade for the related indicator. Also, should the federal government fail to move on an area in which it has made promises, our grade will also change.





How did we arrive at these conclusions?
Ask for our resource background document.

We welcome questions or comments at healthpolicy@cfpc.ca.

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