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**NURSES**  
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# **INNOVATIVE WAYS TO PROVIDE BETTER ACCESS TO HEALTH CARE FOR ALL**

Submission to the Standing Committee on Finance  
August 2016

CNA is the national professional voice of over 139,000 registered nurses and nurse practitioners across Canada. CNA advances the practice and profession of nursing to improve health outcomes and strengthen Canada's publicly funded, not-for-profit health system.

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# INTRODUCTION

The Canadian Nurses Association (CNA) is pleased to provide the federal government with recommendations to improve access to health services, meet the health-care needs of all Canadians and support governments at all levels to more equitably deliver high-quality health care to Canadians.

CNA's recommendations for the 2017 budget will lead to:

- ▶ More transparency and accountability for federal health transfers
- ▶ Better access to home- and community-based care for Canadians
- ▶ A stronger economy through improved support for caregivers
- ▶ Greater integration of health services

These recommendations are founded on the principles of primary health care,<sup>1</sup> which will better enable the federal government to adhere to its strategic commitments in health — notably, implementing a new health accord and growing the economy.

## RECOMMENDATIONS

### **1. Include a robust accountability framework in federal bilateral agreements to enable monitoring and reporting on the use of Canada Health Transfer dollars**

A robust framework within the new health accord's long-term funding agreement (expected in 2017)<sup>2</sup> will improve health outcomes for all Canadians by:

- ▶ Showing causal relationships between inputs, activities and population health outcomes
- ▶ Including reports on a comprehensive set of indicators and outcome measures derived from existing national data sources
- ▶ Linking health and social outcomes data

This approach would lead to greater transparency for expenditures by monitoring and reporting on the use of federal health dollars under respective bilateral agreements.<sup>3</sup> It would also ensure that federal funding ultimately improves access to equitable, high-quality, publicly funded home- and community-based care, while optimizing technologies such as telehealth, to deliver services that include primary care, mental health care and palliative care.



Provincial and territorial governments would be required to report to the federal government annually. Reports in plain language would be made available to the public via Health Canada's website and social media platforms.

## **2. Enable equitable access to high-quality, publicly funded home- and community-based care**

Home- and community-based care has been shown to be a person-centred, effective and cost-efficient model for promoting health, managing chronic disease and delivering health care. It is a vital component of Canada's health services. It improves access to primary care and chronic disease management and enables Canadians to age safely at home. Universal access to national, high-quality publicly funded home- and community-based care can be achieved through the federal government's proposed \$3 billion funding (over four years) for home care.

In a June 2016 Nanos Research poll conducted for CNA, 81 per cent of Canadians surveyed believe it is important that loved ones be able to age at home with access to health care (up from 76 per cent in 2014). The survey also found ongoing strong support (66 per cent) for governments to improve access to home- and community-based care by expanding the role of nurses in delivering care to seniors at home.<sup>4</sup>

Factors that support investments in home- and community-based care include the following:

- ▶ Community-based care is more cost effective than hospital care<sup>5</sup> — about \$55 per day compared to \$1,000 per day.<sup>6,7</sup>
- ▶ The majority of Canadians prefer to age at home.<sup>8</sup>
- ▶ The demand for home care continues to grow: 1.4 million Canadians received home care in 2011, up 55 per cent since 2008.<sup>9</sup> Between 2008 and 2017, the number of seniors with chronic conditions who would benefit from home care services is expected to increase by 33 per cent.<sup>10</sup>
- ▶ Technology is making care at home increasingly feasible, especially in rural and remote areas.
- ▶ Canadians' strong preference to die at home. (Almost 60 per cent of deaths in Canada still occur in hospital, due in part to the lack of access to hospice palliative care services.)<sup>11</sup>

CNA recommends that the government's funding be allocated on a needs-based formula that accounts for demographic and population health differences across Canada. Funding should include provisions for:

- ▶ Establishing common principles and metrics for services



- ▶ Enabling the interoperability of technologies (including information systems and telehomecare platforms)
- ▶ Addressing gaps in palliative care and community-based mental health care, in keeping with the recommendation for federal support by the special Senate committee on aging<sup>12</sup>

Health services delivered by the federal government could adopt and model these practices, which could then be adapted by other jurisdictions. With other services, the many promising practices in home- and community-based care that exist could use stronger mechanisms and incentives to scale up proven initiatives across Canada.<sup>13</sup>

### **3. Support family caregivers**

The federal government can support options that enable persons to receive care in their homes and communities and to die with dignity in a home-like setting by helping caregivers become an integral part of home- and community-based care.

More than 8.1 million Canadians perform caregiving duties and over six million are also juggling employment responsibilities.<sup>14</sup> Replacing caregivers with a paid workforce would cost about \$25 billion.<sup>15</sup>

While they improve health outcomes and reduce health-system spending, they need financial and educational supports to remain in these crucial roles.<sup>16</sup>

CNA recommends:

1. An investment in the development of a pan-Canadian caregiver strategy that provides accessible and flexible respite; mitigation of undue financial burdens; information and support systems; flexible workplace options that afford job protection; and access to supports and resources in educational institutions.
2. That the federal government convene a consultation with employer stakeholders in 2017-2018 (possibly as an extension of its Canadian Employers for Caregivers Plan) to develop tax measures that protect workers' incomes while providing supports and guarantees for workplace leave protection and respite care to employers and employees, including those who are caregivers.<sup>17</sup> These federal tax measures would reduce productivity losses for public and private sector employers while recognizing and supporting the needs of working caregivers.



#### **4. Establish a national commission for integrated health care**

Canada's health-care system is complex and difficult to access. With its many levels of practitioners, delivery mechanisms and care, patients and their families can find it a challenge to navigate. On top of these difficulties are the shifting demographics and population-wide increases in risk factors for chronic disease. These trends mean having a greater number of people in need of care along with valid concerns about the health-care system's capacity to deal with the increased demand for services.<sup>18,19</sup>

An essential step for improving patient and system outcomes is achieving better integration in health-care delivery and services. Here, comparisons with other OECD countries show Canada's health-care system has significant room for improvement.<sup>20,21</sup>

To improve performance and sustainability, it is essential to develop a more functionally integrated health-care system, along the full continuum of care, that addresses the social determinants of health, health promotion and disease prevention.<sup>22,23</sup> Achieving an integrated health-care system with improved models of health-service delivery and interprofessional collaboration will require federal leadership and pan-Canadian partnerships.<sup>24</sup>

To support the federal government in implementing the principles of integration for all current and potential national health strategy initiatives (for example, dementia care, palliative care, home care, mental health, Indigenous health, pharmacare, et al.), CNA recommends:

1. That the federal government create a national commission for integrated health care for Canadians that could set guiding principles to support the objectives of better care for individuals, better health for populations and lower per capita costs.<sup>25,26</sup>

With a 10-year mandate (2017-2027), and a recommended start-up budget of \$10 million, plus \$25 million per year over ten years (\$260 million in total), the commission could help develop and apply core principles of the system through the new health accord. These funds could be found in unspent federal monies from previous budgets or by changing mandates of federally funded organizations whose current mandates include improving health-system performance. Embedding these principles would stimulate innovation, effectiveness and efficiency while improving health-care experiences and outcomes.



# CONCLUSION

By adopting these recommendations in its final report, the standing committee can provide the federal government with innovative ways to provide better access to health care for all — through accountable spending, greater access to home- and community-based care, more support for caregivers and better-integrated health services. CNA believes sound federal investments in health will also benefit our economy by keeping our communities and workforce healthy and strong.

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# ENDNOTES

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<sup>2</sup> Tasker, J. P. (2016, April 16). Health Minister Jane Philpott “anxious” to sign new health accord by year's end. *CBC News*. Retrieved from <http://www.cbc.ca/news/politics/jane-philpott-health-accord-1.3538055>

<sup>3</sup> According to [Finance Canada](#), in 2016-2017 provinces and territories received \$36.1 billion in funding under the Canada Health Transfer.

<sup>4</sup> Nanos Research. (2016). *Canadians' opinions on home healthcare and nurses* [National poll results]. Retrieved from <https://cna-aiic.ca/~media/cna/page-content/pdf-en/canadians-opinions-on-home-healthcare-and-nurses.pdf?la=en>

<sup>5</sup> Canadian Healthcare Association. (2009). *Home care in Canada: From the margins to the mainstream*. Retrieved from <https://www.healthsystemevidence.org/articles/18015?t=Homecarein>

<sup>6</sup> Sinha, S. K. (2013, March). Ontario's seniors strategy: Where we stand. Where we need to go. Presentation at the 2013 Taming of the Queue conference, Toronto. Retrieved from <http://www.southlakeregional.org/doc.aspx?id=353>

<sup>7</sup> Provinces and territories must ensure investments in health human resources provide patients with the right care at the right time in the right place.

<sup>8</sup> Nanos Research. (2014). *CNA Hill Day project summary* [National poll results]. Retrieved from [https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/nanos-research-report-for-cna-hill-day-2014\\_e.pdf?la=en](https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/nanos-research-report-for-cna-hill-day-2014_e.pdf?la=en)

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<sup>10</sup> Canadian Home Care Association. (2013). CHCA's figures based on StatsCan population censuses (1956-2006) and *2005 Population projections for Canada, provinces and territories, 2005-2031* (Catalogue No. 91-520).

<sup>11</sup> Quality End-of-Life Care Coalition of Canada. (2008). *Hospice palliative home care in Canada: A progress report*. Retrieved from [https://www.nbhpcasnb.ca/links\\_liens/national\\_reports\\_rapports\\_nationaux/Hospice\\_Palliative\\_Home\\_Care\\_Progress\\_Report.pdf](https://www.nbhpcasnb.ca/links_liens/national_reports_rapports_nationaux/Hospice_Palliative_Home_Care_Progress_Report.pdf)

<sup>12</sup> Canada, Parliament, Senate. Special Senate Committee on Aging. (2009). *Canada's aging population: Seizing the opportunity*. Retrieved from <http://www.parl.gc.ca/Content/SEN/Committee/402/agei/rep/AgingFinalReport-e.pdf>

<sup>13</sup> See CNA's innovative care summary: Innovative care delivery models for better health outcomes: Optimize health, increase access to care, save millions of dollars.

<sup>14</sup> Carers Canada. (2016). Carer facts. Retrieved from <http://www.carerscanada.ca/carers-facts/>

<sup>15</sup> Hollander, M. J., Lui, G., & Chappell, N. L. (2009). Who Cares and How Much? *Healthcare Quarterly*, 12(2), 42-49.

<sup>16</sup> Alzheimer Society of Canada. (2010). *Rising tide: The impact of dementia on Canadian society*. Retrieved from [http://www.alzheimer.ca/~media/Files/national/Advocacy/ASC\\_Rising\\_Tide\\_Full\\_Report\\_e.pdf](http://www.alzheimer.ca/~media/Files/national/Advocacy/ASC_Rising_Tide_Full_Report_e.pdf)





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- <sup>17</sup> The Canadian Caregiver Coalition defines family caregivers as “family members and other significant people, as identified by the care recipient, who provide care and assistance to individuals living with a debilitating physical, mental or cognitive condition.”
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