



Submission to the Standing Committee on Health

Study on the Emergency Situation Facing Canadians in Light of the COVID-19 Pandemic

May 9, 2022

OVERVIEW

HealthCareCAN, the national voice of Canada's hospitals, research institutes and healthcare organizations, welcomes the opportunity to submit this brief to the Standing Committee on Health as part of its study on the Emergency Situation Facing Canadians in Light of the COVID-19 Pandemic.

While citizens and governments across Canada are eager to put COVID-19 behind them in favour of a post-pandemic normal, healthcare workers and organizations across the country are still in crisis. This is in part due to the strains imposed upon them by the pandemic. However, the challenges facing healthcare in Canada right now are symptoms of a much larger problem: Our health system is not built to handle modern needs and has been slowly crumbling under decades of mounting population and demographic pressure. COVID-19 simply pushed the system beyond its breaking point.

One of the main worries we hear from our member institutions is that governments and the health sector will fail to act on the lessons learned during the pandemic and choose instead to lapse back into the pre-pandemic status quo once the worst of COVID-19 is past. We cannot let this happen. As a nation, we desperately need to come together and use our experiences during the pandemic – and the decades of research and experience before it – to build a system that works seamlessly across the country, for everyone.

This requires cooperation among all levels of government, working with health system stakeholders, including patients, providers, researchers, healthcare advocates, and underrepresented and underserved groups such as Indigenous peoples, to implement policy solutions that reimagine healthcare in Canada for the better and achieve improved health outcomes for all.

As an association representing healthcare and health research organizations and focused on building a better health system, HealthCareCAN advocates for several key system-level changes, the need for which has only been further reinforced by the pandemic. The remainder of this brief outlines these recommendations.

RECOMMENDATIONS

Build a health system that meets modern needs

The foundation of Canada's current healthcare system was conceived for a different time. What we call medicare in Canada was established nearly 70 years ago when most healthcare in Canada was privately funded and delivered. Canada's population then (16.5 million people) was a little less than a half of what it is now (38.3 million people), the median age of the population

was just under 28 (today it is just over 41 years old), and the average life expectancy was approximately 69 years (today it is approximately 82 years).

Medicare was created to provide acute care to a far smaller, far younger population that did not contend with the complex, chronic conditions many people live with today. Governments of the past likely could not conceive of the demands that are being placed on our health system. Why then do we continue to think that a seven-decades-old framework that has seen few updates could possibly serve the needs of people in Canada today?

Medicare, and the health system more broadly, must evolve to meet changing care needs. Hospital and physician services are still vital forms of care, but they are not the only types of care needed to live a healthy life. Mental health and substance use care, older adult care, pharmacare, dental care, vision care and many other types of care crucial to healthy living are not covered by medicare.

We must also adapt how we deliver care to align with the best available evidence, including providing more patient-centred, integrated care that reflects the different ways people want to access care, including at home and virtually. Healthcare must also be delivered in a way that is culturally appropriate and safe, free of racism and discrimination, and inclusive of all.

It is the duty of all governments – federal, provincial, and territorial – to ensure that Canada’s health system meets peoples’ needs. Fulfilling that duty will require policy changes, additional funding, more efficient and effective investment of healthcare dollars, and accountability to the people governments serve to deliver better health outcomes for all.

Recommendation 1: Governments at all levels must work together to reimagine healthcare in Canada and build a system that meets modern needs.

Recommendation 2: Increase federal health transfers to reflect rising healthcare costs and enable provinces and territories to enhance healthcare services and deal with the impacts of the pandemic, including medical procedure backlogs. Transparent targets for improved health outcomes to create accountability to people across Canada are crucial to this process.

Bolster the health workforce

Healthcare workers, who account for nearly 10% of everyone employed in Canada and more than 66% of all health spending – which equates to approximately 8% of Canada’s GDP – are our health system’s greatest resource. Yet labour shortages and demanding working conditions in the health system are among the biggest barriers to delivering timely high-quality healthcare in Canada.

Canada’s health sector has battled workforce shortages for years, but the problem has grown exponentially worse during the COVID-19 pandemic. The latest data from Statistics Canada

show that there were 126,000 vacancies in the healthcare and social assistance sector in the fourth quarter of 2021. This is almost double the vacancies seen in 2019 (64,000) and represents nearly one in seven job vacancies across the country.ⁱ

Workforce shortages undermine patient care, and take a substantial physical, mental and emotional toll on healthcare workers at all levels and across the continuum of care. The havoc COVID-19 is wreaking on healthcare workers is considerable and will endure long after the pandemic over. It is crucial that governments address health workforce shortages with both short-term and long-term action. Such concerted action is vital to ensure Canada has the health workforce it needs to continue dealing with COVID-19, tackle medical procedure backlogs, and provide high-quality care to those who need it.

Recommendation 3: *Improve the immigration process to better leverage the skills of immigrants and newcomers to help fill current vacancies over the short- and medium-term.*

Recommendation 4: *Support interprovincial/territorial coordination of education and licensing.*

Recommendation 5: *Support the health, wellness, safety, and resilience of the healthcare workforce by expanding mental health and wellness research, programs, and resources specific to healthcare workers.*

Recommendation 6: *Implement a pan-Canadian health workforce planning strategy with the goal of gathering and analyzing workforce data to gain a better understanding of the current workforce and system needs, forecast future need, develop solutions to tackle the shortage of healthcare workers, and address the factors hindering recruitment and retention.*

Recommendation 7: *Collaborate with provincial and territorial governments, regulators, and educational institutions to train more Canadian healthcare workers – particularly from Indigenous communities and other underrepresented groups – in the professions and fields necessary to meet the long-term needs of the health system.*

For additional details on these recommendations, see HealthCareCAN's [submission](#) to the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities.

Strengthen health research and innovation

COVID-19 provided clear and compelling evidence of the return on investment in health research and innovation. Canadian researchers helped lead the global fight against COVID-19, by being the first to profile the body's immune response to the virus and developing the lipid nanoparticles to deliver mRNA to the body's cells – a breakthrough based on 40 years of research.

The pandemic not only exposed cracks in Canada's health research ecosystem, such as limited investment, a lack of pan-Canadian coordination, and a landscape that hinders partnerships, it sounded the alarm that Canada must make supporting health research and innovation – which are intertwined – a larger priority. The time has come to fully leverage health and life sciences organizations, including research hospitals and healthcare organizations, not only for the role they play in treating Canadians and keeping them healthy, but also as economic and innovation engines with tremendous national and global potential.

The increasing occurrence of health emergencies due to climate change and new viruses, Canada's aging population, and Canada's transition to an innovation and knowledge-based economy signify that the health sector – and health research and innovation more specifically – is vital to ensuring a healthy and productive nation, and a robust and globally competitive economy.

Recommendation 8: *Make transformational investments in health research to protect Canadians from future health crises and capitalize on economic opportunities, starting with a minimum annual floor of two per cent of public spending on health (\$3.7 billion), to be put toward fundamental health research, strategic initiatives to tackle pressing social issues, and knowledge translation.*

Recommendation 9: *Adjust health research and innovation funding structures, policies, and levels of investment to better support strategic and integrated health research. This includes re-investing in fundamental science through the Tri-Councils and centralizing investments in strategic science through an agency such as the proposed Canada Advanced Research Projects Agency (CARPA).*

Recommendation 10: *Establish a government branch and/or funding program(s) focused on knowledge translation to move health research evidence into practice and commercialize research innovations.*

Recommendation 11: *Fund health research priorities identified by the pandemic, including research into primary care prevention, health care equity/inequities, and social determinants of health.*

Recommendation 12: *Develop a pan-Canadian framework for clinical trials that will make Canada a more attractive place to conduct clinical trials and become a leader internationally. This includes establishing a body to direct the development and implementation of such a framework.*

Recommendation 13: *Build or renovate hospital facilities to create much-needed lab and incubator space that attracts and brings together researchers, universities and colleges, industry, innovators, and non-profit organizations.*

Recommendation 14: *Facilitate the creation of health networks or hubs around research hospitals that bring together academia, industry, start-ups and incubators, and business.*

Recommendation 15: *Evaluate federal and Tri-Council funding programs to make the criteria less restrictive and more flexible to foster partnerships.*

Recommendation 16: *Improve health system interoperability to support partnership creation, including through the creation of a pan-Canadian health data research strategy and repository.*

For additional details on these recommendations, see HealthCareCAN's [submission](#) to the Standing Committee on Science and Research.

Modernize Health Infrastructure

Over the last 20 years, Canadian capital investment in health infrastructure has fluctuated, with a noted decline in recent years despite overall healthcare spending increasing steadily over this same time.ⁱⁱ Counter to the trend among Organisation for Economic Co-operation and Development (OECD) countries of increasing capital investment since 2010, Canada invested 14% less in real terms in 2019 compared to 2010.

Healthcare organizations have felt the impact of decreased capital investments, with accumulated deferred maintenance for hospitals alone estimated to be roughly \$28 billion in 2015.ⁱⁱⁱ Failing to sufficiently invest in capital affects the ability to deliver accepted or emerging standards of care to patients, especially when such standards require expensive technology for diagnosis and treatment.^{iv}

The pandemic starkly revealed that Canada's outdated health infrastructure puts the health of Canadians at risk, including in long-term care where in many outdated facilities it is nearly impossible to comply with infection, prevention and control protocols. Modern infrastructure is crucial in enhancing access to services and patient outcomes.

Recommendation 17: *Ensure infrastructure funding reaches the health sector by providing healthcare organizations, such as hospitals, research institutes, health authorities, and long-term care facilities, with direct and equal access to federal infrastructure funding.*

Recommendation 18: *Increase capital investments in healthcare to a minimum of 0.6 percent of gross domestic product (GDP) (approximately \$12.5B) to better align with Canada's OECD counterparts.*

Recommendation 19: *Support the expansion of virtual care and digital health, including through improvements to information technology and digital infrastructure across the health system.*

Recommendation 20: *Bolster the healthcare sector's cybersecurity capabilities through investments, programs, and standards.*

ⁱ Statistics Canada. 2021. Job vacancies, fourth quarter 2021. <https://www150.statcan.gc.ca/n1/daily-quotidien/220322/dq220322a-eng.htm>.

ⁱⁱ Teja B. et al. 2020. Ensuring adequate capital investment in Canadian health care. CMAJ Jun 2020, 192 (25) E677-E683. <https://doi.org/10.1503/cmaj.191126>.

ⁱⁱⁱ Ibid.

^{iv} Ibid.

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