

Canada's healthcare: Promoting transformation of the system



THE COVID-19 PANDEMIC SPURS NEED FOR CHANGE

The COVID-19 pandemic highlighted that the Canadian healthcare system must transform to become a true, resilient healthcare system able to provide timely access to high-quality care to the people of Canada. The challenges facing the Canadian health care system are perennial and despite efforts over the decades to make changes, the complex problems persist.

HealthCareCAN is stepping up its efforts to advocate for innovative solutions to support creation of a more nimble, sustainable, and equitable health system that optimizes the use of research-informed best practices and addresses ongoing health workforce challenges. While one policy brief cannot possibly cover all of the problems the health care system is facing, this document has been prepared to initiate discussion on opportunities for action going forward. Issues such as optimizing the use of health research to support innovation, mental health and substance use, climate change, health equity and Indigenous health will be examined in future analyses.

INVESTING IN OUR HEALTHCARE WORKFORCE

System transformation depends on a strong and capable health workforce. Healthcare organizations across the country are short of staff. Without significant changes the health human resources crisis will continue to deteriorate. For example, according to a report prepared for Health PEI, that province needs to hire about 200 healthcare workers per year in the next decade just to keep up with retirements and attrition – and this is in Canada’s smallest province!¹ The implications for all of Canada are sobering. The demand for healthcare workers is multiplying internationally and the supply is frustratingly constrained.

Potential measures to increase, as well as retain supply include:

- Recruitment of Internationally Educated Healthcare Professionals (IEHPs).
- Alleviating the administrative burden placed on providers, especially family doctors.
- Continuing to improve labour mobility across provinces and territories.
- Establishing a pan-Canadian health workforce planning and management strategy.
- Supporting the health and wellness, and safety of the workforce.

With the labour shortages facing healthcare organizations, recruitment of IEHPs is attracting more interest from government. The federal government’s [Coalition for Action for Health Workers](#), of which HealthCareCAN is a member, is creating a blueprint to remove systemic barriers preventing employment and accelerating IEHPs integration into the Canadian healthcare system.

Labour mobility of healthcare providers across Canada is another area where reform is gaining traction. The current restrictive rules around licensure make it taxing, for example, to hire *locum tenens* from other provinces and territories and help fill voids in care services. The Coalition is advising the federal government on its plans to facilitate labour mobility, in collaboration with the provinces and territories and other key stakeholders.

The Atlantic Canadian provinces launched the Atlantic Physician Registryⁱ on May 1, 2023. The registry allows physicians licensed to practice in either of the four provinces to work in any of the other Atlantic Canadian provinces. This program could become a model for other regions. The Premier of Prince Edward Island said he was open to the idea of expanding the registry to other provinces and other health professionals at the meeting of Atlantic premiers on June 12, 2023.²

SUPPORTING PRIMARY CARE AND ADOPTING NEW CARE MODELS

Family physicians and other care practitioners act as primary points of contact with the system and when people do not have access to primary care, that first point of contact too often becomes the Emergency department. An estimated 6.5 to 7 million Canadians do not have a family doctor or a timely and appropriate alternative. Central to transforming the system is overhauling primary care, which is under-resourced and hemorrhaging health professionals and staff. Primary care must be given the proper attention and support it deserves by governments and health leaders.

Family doctors have repeatedly expressed that they are overburdened with administrative and clerical tasks. A survey conducted by the Ontario College of Family Physicians reported that family doctors in Ontario described spending 19 hours a week on clerical work.³ A solution to improve efficiency is to implement centralized e-referral systems available to all family doctors across regions in Canada.

ⁱ Further details about the registry can be found on each provincial College of Physicians and Surgeons website: [College of Physicians and Surgeons of Newfoundland and Labrador](#); [College of Physicians and Surgeons of Nova Scotia](#); [College of Physicians and Surgeons of PEI](#), and the [College of Physicians and Surgeons of New Brunswick](#).

Centralized referral, or single-entry e-referral programs have been slow to be adopted across the country but show promise at reducing wait times. According to the Ontario Medical Association, centralized referrals can reduce wait times by 20 to 30 percent.⁴

In many areas of the country efforts are underway to develop more team-based approaches to enhance primary care access for citizens. Renfrew County, a community west of Ottawa, has done just that with the Renfrew County Virtual Triage and Assessment Centre, which started during the pandemic and sees a person call a medical receptionist trained to identify which healthcare provider they can see in the shortest amount of time.⁵ The receptionist sets up an appointment with one of a dozen physicians working remotely across Ontario and then a paramedic or nurse will either make a house call or meet the patient at a nearby clinic to perform the physical assessment for the virtual physician. Renfrew County has said this is not a permanent solution to the physician shortage, but as the number of Canadians without a family physician increases, programs like this could help bridge the gap in the interim while longer-term solutions are established.

The Renfrew County example shows the power of leveraging team-based care and enabling clinicians to work to their full scope of practice. The transition to team-based care and optimizing scopes of practice would allow nurse practitioners, nurses, pharmacists, paramedics, respiratory therapists, and other professionals to change the traditional ways health care services are delivered in primary care, emergency care, and home and community care in Canada.

PUBLIC VS. PRIVATE DELIVERY OF HEALTHCARE IN CANADA

Canada's universal health care system is a single-payer system that under the auspices of the *Canada Health Act* covers medically necessary physician and hospitals services. It is actually a mixed system of public and private healthcare. Vision and dental care, prescription drugs, some mental health services, and home and long-term care in Canada are covered under a patchwork of government programs, employer and/or private health and dental insurance, and out-of-pocket payments.

While extra-billing is illegal under the *Canada Health Act*, there are specialist private for-profit clinics performing a range of procedures such as cataract surgery, plastic surgery, and orthopedic surgeries. To catch-up with the backlog of surgeries after COVID-19 cancellations, some healthcare organizations have approached private surgical clinics to help hospitals work through the backlog.

This year, The Ottawa Hospital partnered with a private group of orthopedic surgeons to perform joint replacement surgeries at the Riverside hospital campus in Ottawa to reduce the surgical waitlist. The Ottawa Hospital is not the first healthcare organization in Canada to do this. The Saskatchewan Surgical Initiative ran from 2010 to 2014 and in 2019, the Alberta government introduced the Alberta Surgical Initiative. The Ottawa Hospital CEO, Cameron Love, has said their pilot has been successful and could be applied to other areas such as gynecology, urology, and plastic surgery.⁶

INTEGRATING A PEOPLE-CENTRED APPROACH TO OLDER ADULT CARE

People-centred care is organized around the health needs and expectations of people and communities rather than on disease.⁷ Transforming the Canadian healthcare system calls for a shift in focus to a “the *right* care, at the *right* time, by the *right* team, in the *right* place” approach across the lifespan.⁸

Canada places far too much emphasis on the acute care system instead of redirecting resources to other areas of the health sector that may help take pressure off hospitals overwhelmed with complex patients and an aging population. For example, older Canadians are not getting the properly funded and resourced support needed to age with dignity at home and in the community. Home is where most older people in Canada want to be as they age, for as long as possible. Yet, the lack of home care options and community-based supports is a chronic problem.

Home care can cover a choice of services like, health care, personal care and other activities of daily living such as housekeeping, transportation, running errands, and meal preparation, companionship, and palliative care. A people-centred approach to home care is focused on meeting the needs of people in their own home, enabling older adults to maintain their independence and continue to be active and engaged in their community. A basket of essential home care services should be available to Canadians, to ensure everyone has access to the same high-quality care in the *right* place.

For more about HealthCareCAN's older adult care policy work and advocacy please read [The urgent need to reimagine older adult care in Canada](#), [Strengthening the foundation of healthcare in Canada: Support better aging](#), and [Measuring jurisdictional performance in home care and mental health services](#).

THE PATH TO HIGHER QUALITY HEALTH CARE ENTAILS MODERNIZING OUR INFRASTRUCTURE

To sustain system transformation, federal, provincial and territorial governments need to be much more serious about capital investments in health infrastructure. Public health infrastructure in Canada is under considerable stress and is struggling to support the rapid innovations and advancements in medicine. Government funding is not sufficient.

Healthcare organizations are left to rely on fundraisers, private donations and gifts, and their own global budgets to deliver care, to cover massive infrastructure projects. Consequently, healthcare organizations across the country face a substantial backlog of deferred maintenance projects, among other much-needed infrastructure projects.

While total health care spending has increased over the last 20 years, Canadian capital investment in health infrastructure has fluctuated, with a noted decline in recent years. Governments need to change their mindset around this matter and ensure we have the modern infrastructure that can support a modern health system.

Virtual care and artificial intelligence, for example, will not be possible without digital infrastructure that supports new technology and tools and enables the sharing of information across institutions and jurisdictions. Canada's siloed approach to data gathering and sharing has implications across the health system: this is why the [Government of Canada recently announced the Shared Pan-Canadian Interoperability Roadmap](#). The Roadmap was developed by Canada Health Infoway and outlines a long-term vision toward improving health information exchange in Canada and outcomes for everyone. Data systems should be interoperable to facilitate information sharing within and between providers and health care organizations, including academic research institutes.⁹

Moreover, Hospital information technology systems house valuable patient information and scientific data, but with limited hospital budgets to secure the data and to update dated hardware and software, they are ideal for cyber attacks. It is vital that cyber resiliency be improved and strengthened in Canada. HealthCareCAN is working with the Digital Governance Council to develop a national standardⁱⁱ to support cyber resilience in Canada's healthcare system.

TIME TO MAKE THE HEALTHCARE SYSTEM WORK AS A TRUE SYSTEM

On April 20, [HealthCareCAN hosted a webinar, Building Canadian Healthcare 2.0](#), during which representatives from several of our member institutions spoke about priorities, actions, and solutions to build a better, fairer, and stronger Canadian healthcare system. Participants called for urgent thinking and action on long-term health goals. They also urged all levels of government to commit to charting a course

ⁱⁱ The draft standard is available on the Digital Governance Council website in [French](#) and [English](#).

forward to improve access to care and produce better outcomes for the people of Canada and for healthcare workers across the country who are growing ever wearier trying to do their best to overcome system challenges.

HEALTH TRANSFORMATION WILL BECOME AN EVEN GREATER PRIORITY AT HEALTHCARECAN AS WE EMBARK ON OUR NEW FIVE-YEAR STRATEGIC PLAN TO BE RELEASED LATER THIS YEAR.

Whether reform is pushed forward will depend on what provinces and territories do with the \$198 billion, \$46 billion of which is new, allocated in the new federal-provincial-territorial bilateral agreements following the First Ministers Meeting with the Prime Minister on February 7, 2023 in Ottawa. HealthCareCAN will continue to meet with parliamentarians and government officials to advance member priorities related to health system reform.

FOR MORE INFORMATION

HealthCareCAN remains attentive to our members – if you or others in your organization have any questions or comments, we encourage you to contact us.

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