

## HEALTHCARECAN MEMBERS' WEBINAR

# Building Canadian Healthcare 2.0 requires action, collaboration

On April 20, 2023, HealthCareCAN hosted a webinar with representatives from member institutions to discuss ideas and actions to help build a better, stronger Canadian healthcare system. This is a high-level report of that discussion.

## TOWARD CANADIAN HEALTHCARE 2.0

**Dr. Michael Gardam, Chair of the HealthCareCAN Board of Directors and CEO of Health PEI**, opened the event with an overview of Canada's current healthcare situation, pointing out how the COVID-19 pandemic brought to light the many challenges undermining Canada's ability to build a truly responsive, high-quality healthcare system capable of meeting the growing and evolving needs of our population.

Dr. Gardam noted that it was in that context that Canada's First Ministers – the provincial/territorial leaders and the Prime Minister – met in Ottawa in February. The result of that meeting was a deal that will see the federal government provide \$49 billion over 10 years in new health funding, with \$25B of this money delivered through bilateral agreements with the provinces and territories.

Dr. Gardam also relayed that HealthCareCAN was pleased to see alignment between all levels of government on key healthcare priorities in the funding agreement. These include shoring up Canada's health workforce, reducing backlogs, increasing access to primary care, improving access to mental health and substance use services, enhancing Indigenous health, and modernizing the health system through better data sharing and the use of digital tools.

Going forward governments must also work together to focus on improving the current patchwork approach to healthcare delivery, including in long-term, home, community and acute care, to transform and better integrate the health system.

Additionally, Dr. Gardam noted that HealthCareCAN was also glad to see accountability to people across Canada built into both the Canada Health Transfer (CHT) funding and future bilateral agreements, including through national indicators and related data collection to effectively measure progress and outcomes to ensure bilateral and other agreements buy real innovative changes.

The 2023 federal budget subsequently formalized the new health funding, and pledged \$13-billion over five years beginning this fiscal year for a national dental care program. Notwithstanding this important federal investment in health, the budget did not inject a much-needed boost to Canada's health research ecosystem where Canada is falling further behind our international peers.

The federal funding will address some of the short- and medium-term challenges but Dr. Gardam and HealthCareCAN contend that there must be urgent thinking and action on long-term goals. That will require commitments from all levels of government to chart a course 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 more weary doing their best to overcome system challenges.

Dr. Gardam stressed that there needs to be an urgent focus on breaking down the barriers and silos that impede the effective and efficient delivery of care, where patients need it. Taking a true systems-based approach to healthcare must start with addressing the fact Canada's current models of healthcare must better respond to patient and provider needs.

Dr. Gardam highlighted that the critical immediate next steps must be to shore up our system so that it functions better right now. Then we must engage and start talking about what the system should be going into the future and how we can build Canadian healthcare 2.0.

## SUPPORT FOR CANADA'S HEALTH RESEARCH ECOSYSTEM

**Dr. David Hill, Chair of the HealthCareCAN Vice Presidents of Research Committee and integrated vice-president, Research and scientific director of Lawson Health Research Institute at St. Joseph's Health Care and London Health Sciences Centre,** explained how the lack of financial support for health research in the 2023 federal budget constitutes a serious concern for the country. He pointed out that Canada only spends approximately 1.5% on health research relative to the national health budget, less than half of what Australia invests and less than a third of what the United States invests, per capita.

Addressing this shortfall is a major HealthCareCAN recommendation, one echoed by virtually the entire health research ecosystem, which had urged the federal government to double Tri-Council budgets in Budget 2023. Unfortunately, this much-needed federal investment has not yet been made, significantly raising concerns about Canada's ability to remain competitive internationally.

Dr. Hill pointed out that the buying power now of Tri-Council grants is less than what it was in 2012, so in effect federal support for health research has not just been static, it has actually regressed in terms of real support for health research in Canada.

While the lack of investment, including for postdoctoral students and trainees who have not seen an increase in their federal stipends for 20 years, is extremely concerning, HealthCareCAN does hold some optimism given the recommendations contained in the recently released report from the Advisory Panel on the Federal Research Support System.

HealthCareCAN and its members are generally supportive of the recommendations outlined in the Report and are urging the federal government to follow through on its stated commitment to take the report seriously and act on its recommendations.

Dr. Hill provided an [overview of the Report](#), noting that the essence of the report concluded that as a nation, we lack an overall bold vision for research in Canada. The report also called out the need for more federal investment to support fundamental science, better supporting trainees and postdoctoral fellows, and make a career in research more attractive and feasible for people of diverse backgrounds.

Dr. Hill also underscored the report's call for creation of a Canadian Knowledge and Science Foundation as a mechanism that could rapidly address emerging research and innovation needs, deliver most of the Tri-Council programming, and conduct the strategic work that needs to be gathered together under one, national, holistic plan and approach.

The Report provides an opening for the research community to continue advocating collectively and forcefully for the federal government to bolster the health research and innovation ecosystem, and to influence the approach the government takes in its response to the Report.

Dr. Hill concluded his remarks saying that HealthCareCAN is committed to building on its efforts to raise the collective voice of health research in Canada to further pressure the federal government to act on the changes needed to bring vision and ambition to Canada's research endeavour. A key outcome of this work will be to ensure investments in health research and supports for post-docs and trainees are included in Budget 2024.

## SOLVING THE NATIONAL HEALTH WORKFORCE CRISIS

**Steve Ashton, co-chair of HealthCareCAN's Health Human Resources Advisory Committee (HHRAC), and Vice President of People and Organizational Development at IWK Health Centre** in Halifax then provided a summary of HealthCareCAN work to press for concrete measures to address health human resource (HHR) challenges across the country. These recommendations include implementing a pan-Canadian health workforce planning strategy to gather workforce data and develop solutions to tackle the shortage of healthcare workers and address the factors hindering recruitment and retention.

Mr. Ashton explained that this strategy would include having a central body to enable strategic pan-Canadian health workforce data gathering, research, planning and forecasting, something sorely lacking right now. He added that [HealthCareCAN's own recent health workforce snapshot survey](#), which included workforce data and insights from HealthCareCAN member institutions from across the country, is an example of endeavours that can help inform and advance the national discussion on solutions.

The health deal announced in February and formalized in Budget 2023 includes funding to CIHI and others to work with the provinces and territories to develop pan-Canadian indicators, and to create a Centre of Excellence on health workforce data.

Mr. Ashton pointed out that Canada also needs to better leverage immigration and internationally trained healthcare workers to address existing health workforce shortages over the short- and medium-term. He shared that he, and HealthCareCAN have been pleased to work with Immigration Minister Sean Fraser on this key issue and are eager to see more action to bring appropriately qualified healthcare providers into the system quicker and more efficiently.

Also noted in Mr. Ashton's presentation was the importance of recognizing that there is no magic solution to the health workforce crisis, but rather a need for collaboration among federal, provincial and territorial governments, healthcare institutions and providers, regulators, and educational institutions to implement changes that ensure we have the professionals trained in the fields and roles necessary to meet the long-term needs of the healthcare system.

Of course, beyond just training or recruiting more healthcare workers, Canada must also support the health, wellness, safety, and resilience of the healthcare workforce we have already. In this regard, expanding mental health and wellness research, programs, and resources specific to healthcare workers is an important consideration.

Mr. Ashton went on to say that we cannot plan if we do not know where we are going. As Healthcare Human Resources professionals we need to be moving to where the healthcare system is going, where it is evolving and if we do not know where that is we will not be effective in recruiting the healthcare workforce we need to meet the needs of Canadians.

Also, as absolutely critical as physicians and nurses are to the system, so too are all of the other healthcare professionals and the support teams, which include folks such as industrial engineers, HR and change management specialists, financial analysts, facilities professionals, IT talent, and many others. Without those team members we cannot inform, plan or transform for the future state.

## MENTAL HEALTH

**Dr. Florence Dzierszinski, President of University of Ottawa Institute of Mental Health Research at The Royal, and Vice-President of Research at The Royal**, noted that Canada is dealing with significant mental health and substance use health challenges that have only worsened during the pandemic.

Budget 2023 includes investments to support a renewed Canadian Drugs and Substances Strategy, but it fails to address the magnitude of the mental health and substance use crisis Canada is facing, both today and for generations to come.

While mental health is a priority area under the bilateral health agreements, the funding being provided, when divided across provinces and territories and over 10 years is not enough to implement the innovations needed to truly support people.

In addition to increasing funding to expand access to these services and work through wait lists and backlogs, we also need to start addressing the social determinants of health that so greatly contribute to mental health and substance use health. Mental illnesses are complex and multi-factorial conditions that converge biological, psychological, social and spiritual facets. We must take a more preventive, community-based approach so people do not have to wait until they are already in crisis and go to an emergency department to seek care.

Dr. Dzierszinski highlighted several areas where immediate action could be taken to improve mental health and substance health in Canada, echoing HealthCareCAN's recommendations, including:

- Introducing mental health parity legislation that guarantees timely access to quality, inclusive care for all, coupled with long-term, sustainable funding.
- Creating a clear and accountable policy-based model for affordable and supported housing across levels of government.
- Improving data collection and investing in a first-ever pan-Canadian mental health wait times strategy.
- Investing further in action-oriented research and knowledge transfer and innovation.
- Expanding and investing in mental health supports specific to healthcare workers to support their mental health and wellbeing and help retain workers.

## REIMAGINING OLDER ADULT CARE

**Dr. Allison Sekuler, President and Chief Scientist at the Baycrest Academy for Research and Education and President and Chief Scientist for the Centre for Aging and Brain Health Innovation** began her remarks with a warning that Canada's population is aging faster now than at any time in history, and as the older population grows, so too does the population living with dementia.

Nearly one in 10 Canadians over the age of 65 is living with dementia, for those age 85 and older, that number is one in three. The cost of caring for people with dementia in Canada is already estimated to be over \$30 billion a year, and expected to double in the next decade. Meanwhile, the human cost to the people living with dementia, to their families, to their friends is actually immeasurable.

Dr. Sekuler believes that the pandemic showed clearly that the healthcare system for older adults in Canada is broken and that, as a nation, we have an opportunity and a responsibility to fix that system.

Many older Canadians live with multiple complex and chronic conditions, yet the health care that we provide is piecemeal, fragmented and reactive. We rely too much on unpaid and untrained family members as caregivers for older adults. That's to the detriment of everyone involved and it leads to these incredibly long waitlists to get into long-term care, which is – ironically – not even a place where anyone really wants to be.

Dr. Sekuler added that even though a great deal of time and energy has been put into revising the standards for long-term care facilities in Canada, we have yet to see if the federal government is going to support and operationalize those new standards.

Dr. Sekuler stressed that band-aid or incremental solutions are not what Canada needs to ensure the health and wellbeing of Canada's older adults. To accomplish that Canada must innovate and invest to reinvent and integrate the system to bring care into the community to better meet the diverse needs of our population and ensure everyone has access to the same high-quality care, no matter where they live.

That approach also requires that research, education and innovation in seniors' care be better integrated at all levels and recognize that no single person, no single discipline or organization can do everything.

In closing, Dr. Sekuler called for a bold vision to allow all older Canadians to embrace their lives in the place of their choice and that we are focusing not just on lifespan, but also on "healthspan". One key component of that focus is to embrace the moonshot goal that by 2050 no more people will be diagnosed with dementia, no one admitted to long-term care because of dementia and no one dying from dementia.

Overall, we need to think of seniors' care in a more holistic way. Connecting all aspects of their lives and care to address their complex needs and reduce their risk not only for dementia but also for diabetes, for heart disease and for cancer and other ailments. Working together, Canada can create a healthcare system that works for Canadians of all ages.

## "RIGHT-SIZING" CHILD AND YOUTH HEALTH

**Bruce Squires, President, McMaster Children's Hospital and Past Chair of the Board of Directors of Children's Healthcare Canada**, then took the virtual stage to make the case that children's healthcare must be a priority in "Canadian healthcare 2.0".

He pointed out that the unprecedented viral surge that took place in the fall of 2022 brought more attention than we have seen in decades to children's health and healthcare, but this was an "overnight" crisis that was in fact years in the making.

However, Mr. Squires underscored the fact that the attention to the crisis in Canada's Children's Hospitals – which was a confluence of under-sizing, medication shortages, unusually high viral activity, mental health crises exacerbated by three years of pandemic measures and healthcare worker shortages – has created a unique window of opportunity. There is public concern, media focus and some degree of political will.

That political will manifested into the \$2 billion top-up to the CHT proposed for pediatric emergency and surgical backlogs announced as part of the federal/provincial/territorial health funding deal. However, that funding is not specifically earmarked funding for children and youth healthcare. The good news is that some provinces have been making commitments in recent provincial budgets, so there is hope that further support will be forthcoming. These investments – and more – need to be used to create additional capacity across the continuum of child health services. Not only in children's and acute care hospitals, but in primary care, child development and rehabilitation and community-based mental health.

It is clear that Canada needs a plan for children's healthcare. Canada has historically underinvested in children's health and well-being compared to peer nations. We spend less on policies related to children and youth – only 1.68% of GDP, versus other countries that spend 3.68% of GDP – and this is reflected in our health outcomes. We've gone from the top 10 in children's health to the bottom 10.

Children's Healthcare Canada, the Pediatric Chairs of Canada, the Canadian Paediatric Society and the Canadian Association of Paediatric Nurses are calling on the federal government to commit to funding the development of a national strategy on child and youth health – identifying key policy priorities in collaboration with the provinces, territories, children's health organizations and Indigenous partners.

The strategy would require earmarked investments to children's health care systems to begin 'right-sizing' children's healthcare. With \$1 billion in annual sustained federal funding for the next 10 years scaling up access to pediatric emergency care, augmenting capacity for pediatric intensive care systems, increasing access to mental health supports and delivering timely access to diagnostic and developmental services in the community could all occur. This funding would also greatly enhance the entire continuum of care for children and youth.

## WHAT'S NEXT?

While the presenters each highlighted different, vital issues within the healthcare system, a clear and consistent theme emerged from all of the speakers – that Canada needs to reimagine healthcare with an eye to creating a true system that works for all of the people of Canada.

In closing the session, HealthCareCAN President and CEO, Paul-Émile Cloutier, commended all of the panelists for providing their valuable insights on how Canada can, and must, do much more as a nation to address the challenges facing healthcare in Canada. Mr. Cloutier pledged that HealthCareCAN would remain committed to uniting and working with our members to bring solutions forward and drive our politicians to action.

For more information, or to learn more about on this or other HealthCareCAN advocacy work on behalf of members, please email: [membership@healthcarecan.ca](mailto:membership@healthcarecan.ca)