The Role of the Federal Government in Health Care

Report Card 2013
Pulling Together to Keep Canadians Healthy

We Canadians are proud of our health care system. It is an expression of our compassion for one another. It is founded on the ideal that every Canadian is entitled to access to excellent care from expert health care providers.

Our doctors, nurses and other 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 within is patchwork. Health care “supply and demand” varies, depending on where we live. Not all provinces and territories have equal resources; their populations are different, so health care needs differ, too, from place to place.

The federal government’s role in health care is to pull these patchwork pieces together into a seamless whole. How can it play this crucial role?

• By establishing national standards for care
• By upholding these national standards it sets
• By creating national programs to meet the needs of Canadians
• By providing adequate funding to providers and programs who develop, watch over, and deliver our health care

There is reason to feel good about our tradition in health care and our great national program. However, sustaining and improving the health of that system takes ongoing committed leadership from our federal government.

As the national voice for 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.

This report card examines five main areas where federal government has a role in making or keeping our health care system the very best possible to serve the needs of Canadians through all stages of life. We 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 but could do even more.

RED
A red grade indicates that the federal government has shown no involvement. These red areas need attention now. A red grade is a call to action!

In 2013, here is how the federal government is performing in these five key areas...
Canadians should have the best health care from coast, to coast, to coast. To be the best, care has to be accessible and timely. It has to be preventive and proactive. It has to be seamless and comprehensive. The federal government plays a critical role in making our health care system all these things.

A Family Doctor for Every Canadian
Family doctors are at the front line of care. About 85% of Canadians have a family doctor. The federal government has helped to improve access to family doctors through recruitment and retention programs. The CFPC wants everyone in Canada to have a family doctor to provide the continuous, lifelong care that best keeps patients healthy.

Support for 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. The federal government has not dedicated funding or provided guidance for practices following the PMH principles. However, the CFPC is optimistic, given federal interest in the PMH.

Timely Access
The CFPC encourages the federal government to implement a national wait times strategy. This strategy should address regional and population differences and be expanded beyond the initial five wait time areas (cancer, heart, diagnostic imaging, joint replacements, and sight restoration) to cover a variety of treatments.

National Immunization Strategy
Immunization is a well-established preventive health measure that is easy to implement, but in Canada the coverage and schedules for routine immunizations are not standard across the provinces and territories. We currently have no national strategy. The CFPC urges the federal government to put one into place.

Support for Electronic Records
We applaud the federal government’s support of Canada Health Infoway, and Infoway’s many successes to date. More doctors use electronic medical records. However, before we can move the government’s grade in this area up to a green, the CFPC would like to see national information management standards.

National Home Care Program
In Canada we are moving away from relying on acute, hospital-based care and towards using more home-based care. Unfortunately, our access to home care, the range of services available, and costs of these services vary greatly depending on where we live. The CFPC supports the creation of a national home care program.

National Pharmaceutical Strategy
In 2004, with the launch of the National Pharmaceutical Strategy, Canada’s first ministers agreed that every Canadian should be able to get the drugs they are prescribed without suffering undue financial hardship. However, since 2008, little work has been done. There is still no universal national pharmaceutical program, despite the frequent calls for one. While certain groups of Canadians have complete drug coverage (seniors, status First Nations, members of the Canadian Forces) the CFPC advocates for a national pharmaceutical strategy for all Canadians.
CARING FOR THE MOST VULNERABLE

Societies with fewer inequities appear to be better off with respect to health and social development. Overall, greater equality equals better health for the entire population.

National Poverty Plan
Economic well-being is a key contributor to health outcomes, and a healthy workforce is the foundation of a healthy economy. To address income inequality and poverty, the CFPC advocates a federal anti-poverty strategy. Currently, no national poverty program exists.

National Homelessness Plan
The federal government established the Homelessness Partnering Strategy in 1999. The 2013/14 federal budget allocated funds for affordable housing through a “housing first” approach. This is good news and the CFPC would like to see even more: a stable, ongoing national program to address homelessness encompassing all Canadians.

Aboriginal Health Programs
The federal government has responsibility for Aboriginal health. Although the government has supported a number of programs, including enhanced health services and violence prevention, the CFPC is concerned with the withdrawal of money from Aboriginal organizations that provided vital supports and data to Aboriginal health.

National Mental Health and Addiction Strategy
The federal government established and funds the Mental Health Commission of Canada and we applaud this initiative. However, the CFPC is concerned that the National Anti-Drug Strategy, in concert with recently passed laws, favours enforcement over prevention, treatment, and harm reduction.

Child and Youth Strategy
There is currently no federal strategy on child and youth health issues such as mental health and obesity. Canada’s investment in early childhood development is one of the lowest among OECD countries. Canada would benefit from a national child and youth strategy and an early childhood education program and CFPC urges the federal government to take action.

HAVING ENOUGH HEALTH CARE PROVIDERS

How many is enough? Where in the country do we need more providers, where are they, and why are there some who have more difficulty finding work? While we can answer some of these questions at the provincial and territorial level, we don’t have a clear idea of how many health care providers we need nationally.

Tracking Supply and Demand
A Health Human Resource Strategy was established in 2004 to attract, prepare, and retain health care providers. The CFPC would like to see a national health human resources (HHR) “observatory”; that is, a national program that tracks supply and demand of health care providers.

Taking Care of the Care Providers
While portions of the Health Human Resource Strategy address issues such as personal-professional life balance, many issues remain, in particular burnout and heavy on-call hours affecting physicians, especially in rural areas. The CFPC urges federal decision-makers to consider policies that take care of our health care providers.
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 makes an immediate and direct impact on our health.

**National Health Strategy**
The lack of federal leadership in health care results in a fragmented system with a lack of standards or unified vision. Currently, federal involvement in health care is limited to providing funds and care to specific populations only. The CFPC supports the creation of a national health strategy for all in Canada.

**Health Funding**
Starting in 2017/18, the amount of funds the federal government transfers to provinces for health care will decrease significantly, resulting in a $36 billion reduction in funding over 10 years. The CFPC supports predictable, stable funding that recognizes shifting needs and patterns of health care utilization.

**National Health Goals**
In 2005, F/P/T Ministers of Health established health goals for Canada that, to date, have neither evolved into a national strategy nor have resulted in measurable actions. Moreover, national targets have not been set to reduce health disparities. The CFPC supports the establishment of measurable national health goals.

**Rural and Remote Care**
Despite Canadians’ concerns about accessing health services in rural areas, the federal government has not dedicated federal health transfers for rural recruitment/retention. Provincial systems exist, but vary greatly, resulting in uneven coverage across the country. The CFPC supports a national plan for rural/remote care.

**Primary Care Support**
The federal government does not provide funding dedicated to primary care despite the fact that primary care is the backbone of the health care system. The CFPC calls for federal support for primary care.

**Appropriate Funding for Health Care Research**
Government is providing significant funding for Canadian Institutes for Health Research; however, funding is decreasing. The CFPC would like to see stable funding for health care research.

**Appropriate Funding for Primary Care Research**
While there is dedicated funding for primary care-focused projects, that funding is not sufficient to properly provide evidence for the large-scale primary care reform needed in Canada. The CFPC calls for robust primary care research funding.

**Appropriate Evidence for New Policies**
While research should play a strong role in formulation of health policy, certain policy changes the government has made are lacking evidence; and some contradict existing data. The CFPC calls for support for evidence-based health policies.

**Communicating Research Into Policy and Action**
The clarity of communicating health research varies greatly—some is well-written, other materials can be unapproachable. The CFPC urges policy-makers to make research accessible to health care providers.
This report card reflects current performance but is a living document. When the federal government takes a stronger leadership role in an area, we will change that area’s spotlight to green in future reports.

How did we arrive at these conclusions?
See our source document at www.cfpc.ca/report-card-2013

We welcome questions or comments on this document at healthpolicy@cfpc.ca