No magic bullet: caring for seniors requires political will and broad systems change

A radical and transformative systems change is needed, one that has federal collaboration with other levels of government and stakeholders and a new funding formula based on need; that shifts from hospital models to integrated comprehensive, community care, to support for family caregivers and to an evidence-based, outcome-measured system.

As the College of Family Physicians of Canada puts it, “the Patient’s Medical Home (PMH) is a model of team-based care, with the person at the centre, providing life-long, comprehensive care.” Successful health-care systems provide a continuum of care from healthy population strategies, community/home/chronic disease management, and end-of-life care.

However, this shift to community/home care is only one small part of the “transformational” systems change needed, in Canada, to provide optimum care for seniors.

The federal government must return to, and strengthen, a collaborative working partnership with provinces, territories, municipalities and health-care providers. Federal transfers for health must factor in regional and demographic differences as well as rural, urban, and remote geographical challenges so that every Canadian has access to equitable health services. The 2014 shift to per capita funding has diminished the ability of provinces, with large seniors cohorts, to provide them with appropriate and effective care.

One of the unachieved core objectives of the 2004 Health Accord was a Pharmaceutical Strategy. The federal government must collaborate with provinces to create a pan-Canadian system that would negotiate value-based drug prices, ensure security of supply and access by seniors, regardless of where they live or ability to pay. Currently one in three prescriptions goes unfilled, mostly due to cost.

There must be an immediate and long-term pan-Canadian strategy to ensure the appropriate mix of health human resources needed to support optimum community/home care, for example, there are currently only 200 geriatricians in all of Canada (one doctor for 22,000 patients). Finally, the health system must be one that is accountable, not only in terms of cost-effectiveness, but in improved outcomes. Internationally, health systems have been judged not on innovation and population health. The Commonwealth Fund’s recent evaluation of 11 health systems, using these indicators, ranked Canada tenth, ahead of only the United States. Since the advent of “Obamacare” there is evidence that the U.S. will jump ahead of us. Canada’s health system is, indeed, winning the race to the bottom.

In short, there is no magic bullet. A radical and transformative systems change is needed, one that has federal collaboration with other levels of government and stakeholders and a new funding formula based on need; that shifts from hospital models to integrated comprehensive, community care, to support for family caregivers and to an evidence-based, outcome-measured system. Only then will our current health-care system be ready to meet the needs of a growing senior population.

Liberal MP Hedy Fry writes that the $41.2-billion 2004 Health Accord between premiers and prime minister Paul Martin, pictured, was a collaborative plan, meant to achieve a transformative change, but that the Harper government’s withdrawal from an active federal accord, successful systems change was halted. The Hill Times photograph by Jake Wright

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