

**THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA**



**LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA**

Pre-Budget Consultations Budget 2022

Introduction

The government's focus on economic recovery and growth in Budget 2022 must be built on a renewed commitment to public health care.

The need to access high-quality comprehensive, continuous primary care, as provided by family physicians working in team-based models is more pronounced than ever. Virtual tools that were taken up during the pandemic are one of the ways to enhance access to a patient's family doctor or primary health care team, when properly integrated within the publicly funded system. Strengthening the primary care system's capacity through an expanded comprehensive primary care workforce and working in teams with adequate supports is an urgent priority as demand for care is expected to increase following the pandemic. System reform must adopt new models of primary care delivery with a primary care workforce that is able to adapt to a new era of needs and a diversity of practice environments. Family physicians, working in teams and delivering broad scope, comprehensive primary care that includes hospitals, emergency, maternity, and long-term care, can significantly transform access to care if given time to train and who are supported by proper health system infrastructure and are appropriately remunerated to reflect their value.

The federal government recognizes the need to invest in the health workforce through its election pledge of \$3.2 billion toward more health care providers. After two years of providing care through the pandemic, support is necessary for those who will face the health consequences of the pandemic long after its peak. As family medicine training is preparing for a major revision to better meet the needs of communities through the [Outcomes of Training Project](#) (OTP), it is crucial these changes are supported by robust funding from all levels of government.

Canada continues to lag as the only high-income country with a universal health care system not comprehensively covering pharmaceutical medications.

Ongoing health inequities facing Indigenous peoples are put in stark relief by the continuing discoveries of genocide. This budget has a chance to address years of failed promises made to Indigenous people.

Federal Budget 2022 Recommendations Summary

1. Ensure all Canadians have access to primary care teams featuring family doctors.

- a. Deliver on the election commitment to fund the expansion of Canada's health workforce by 7,500 primary health care professionals.
 - i. Prioritize retention of current workforce by providing immediate support to family practices to reduce administrative workload and increase time available for direct patient care.
 - ii. Strengthen primary care systems across Canada in alignment with the Patient's Medical Home vision by investing \$2 billion in a new Primary Care Access Fund.
 - iii. Increase the supply of health care professionals in the long term by enhancing the medical education and training infrastructure to align with the changing needs and expectations of Canadian communities.
 - iv. Provide better mental health supports to our health care workers.
 - b. Lead the creation of national standards on the use of virtual care in primary care settings.
2. Fully implement universal national pharmacare.
 3. Support Indigenous and rural communities in achieving equitable health and social well-being.
 - a. End boil-water advisories in all Indigenous communities.
 - b. Support Indigenous communities recovering from residential school genocide.
 - c. Support adoption of virtual care by investing in appropriate communications technology and education programs.

Recommendation One: Ensure all Canadians have access to primary care teams featuring family doctors

- a. Deliver on the election commitment to fund the expansion of Canada's health workforce by 7,500 primary health care professionals.
 - i. Prioritize retention of current workforce by providing immediate support to family practices to reduce administrative workload and increase time available for direct patient care.**

The federal government committed to expanding the health workforce in Canada by 7,500 primary health care professionals in the coming years. Budget 2022 should reflect this important commitment to Canadians, and signal to the health workforce that help is on the way.

There are many avenues to expand the health workforce quickly and effectively in both the short and long term.

- Establish a **Health Workers Support Fund** to make \$300 million available over the next three years to help primary care practices add administrative, clerical, and organizational supports

that will reduce the non-patient care workload of physicians and other primary care professionals.

- Establish a **Financial Supports for Health Workers Fund** to provide for debt relief and practice establishment costs that are barriers to starting or continuing to work in underserved communities.

ii. **Strengthen primary care systems across Canada in alignment with the Patient's Medical Home vision by investing \$2 billion in a new Primary Care Access Fund.**

Primary care is the foundation of an effective health care system. The characteristics that make primary care truly effective in maintaining a healthy population are integration with other health care settings and community services, collaborative care, and a focus on the needs of patients. This approach, formalized by the CFPC in its vision of the **Patient's Medical Home (PMH)** (www.patientsmedicalhome.ca), has a broad coalition of support and has informed development of primary care models in several provinces, including Family Health Teams in Ontario, Groupes de médecine de famille in Quebec, and Primary Care Networks in Alberta.

High-functioning practices aligned with the PMH vision reduce use of emergency rooms, drive down long-term system costs, improve management of chronic disease and screening rates, as well as enhance continuity of care and satisfaction of patients and providers.

Access to primary care is emerging as a crucial concern. Despite the best efforts of the overworked primary care workforce, gaps in access are leading patients to rely on for-profit, corporate solutions to access care. Such episodic, disconnected services are a poor substitute for comprehensiveness and continuity provided by a regular family physician who knows his/her patients. These lead to potential duplication, disrupt continuity, and exacerbate inequities. Access to the publicly funded system must be enhanced and the federal government has a key role to play.

Building on joint advocacy work with the Canadian Nurses Association, Canadian Medical Association, and the Canadian Society of Social Workers, the CFPC is calling on the federal government to institute a **\$2 billion Primary Care Access Fund** over four years.

This investment would empower provinces to strengthen primary care and move towards a collaborative, integrated system as described in the Patient's Medical Home vision. This would allow for an effective integration of virtual care as a tool in enhancing access to high quality care.

In addition to meeting the government commitment of everyone in Canada having access to a family physician, this initiative leads to long-term system efficiency. Data from Alberta demonstrated that two clinics aligned with the principles of the Patient's Medical Home saved the system over \$120 million over 10 years through reduced dependency on hospital services.

Investment into strengthening primary care would ensure a more accessible and efficient health care system that would prioritize the needs of patients and continuity of care.

iii. Increase the supply of health care professionals in the long term by enhancing education and training infrastructure to align with the changing needs and expectations of Canadian communities.

Increasing the overall supply of health care professionals can only be influenced so much in the short term without structural improvements in education and training pathways. Budget 2022 should begin the work to increase the supply of health professionals by investing in education and training infrastructure. Many initiatives specific to enhancing education and training in family medicine are outlined in the College of Family Physicians of Canada™ (CFPC)'s [OTP report and recommendations](#). The report calls for supporting family physicians doing their best work, providing comprehensive, complex care in team-based models. Promising such models across the country demonstrates positive intermediate outcomes such as decreased visits to emergency departments and hospital re-admissions, better adherence to preventive health measures, and increased patient and provider satisfaction. Investments in education and training are not only about the absolute numbers of new graduates and practicing health professionals, but the capacity for what those professionals are able to handle within primary care without needing to refer to other specialists. Effective primary care deals with most health issues that are presented. If each primary care team member can practice at the top of their scope, it will unlock additional capacity within our existing system and workforce.

Activating the changes proposed in the OTP will take time and careful stewardship. Financial resources will be required to help universities adapt their curricula and enhance training pathways, not only to fund the direct costs of training health professionals themselves, but in building infrastructure such as expanding the availability of sites equipped to take on learners. Expansion of teaching sites in the community under such models would go a long way in supporting a favourable practice environment and a commitment to service.

iv. Take care of our healthcare workers with better mental health supports

The pressure on health care professionals, exacerbated by two years of delivering patient care during the pandemic, is leading to burnout, and putting more pressure on accessibility issues. Burnout isn't simply about personal mental health, but also about being asked to work in conditions that restrict one from doing the job to the best of one's ability. This has wider workforce implications.

Better mental health supports would ameliorate this trend in the long run. Budget 2022 should establish a **National Mental Health Strategy for Health Care Workers** using funding from the \$4.5 billion mental health transfer commitment. Mental health support targeted at health professionals is in line with the government's commitment to help the mental health of Canadians generally, but also will contribute to better access to care for patients by ensuring health care workers are supported and able to work. Supporting the mental health of health care workers is about more than just the well-being of the person, though that responsibility is inextricable from the duty we have to those who care for us. A health care system that is transformed to better support and enable them to do their jobs well and do

right by their patients also contributes to recruitment and retention and buttresses the capacity of the health workforce at large.

b. Support the creation of national standards on the use of virtual care in primary care settings

The COVID-19 pandemic catalyzed the adoption of virtual care in health care delivery. Family physicians report a significant increase in the proportion of overall visits they conduct by virtual means. Virtual care has many benefits. But the pandemic has also revealed great uncertainty and significant inconsistency with what type of care is funded and is appropriate to be delivered – and by whom – depending on the province.

The federal government should lead the drafting of national standards that will normalize the variance in virtual care delivery. It is particularly important that the federal government show leadership in protecting Canada’s publicly funded health care system by making clear that virtual care must be used to enhance access to publicly funded care. The role of for-profit corporate health care providers that threaten continuity, introduce potential for duplication of services and exacerbate inequality must be clarified. National standards in this area will ensure that access to care for all people in Canada is protected and enhanced.

National standards will:

- Spell out expectations for types of services covered under virtual care codes.
- Reinforce the foundation of equity enshrined in the *Canada Health Act*, ensuring the best care is not siphoned off for those who have the ability to pay.
- Help save money in the long run by reducing the risk of for-profit providers cherry-picking healthy patients leaving the public system to care for those most in need.
- Save the cost of duplication of services that will result from for-profit providers getting involved in virtual care delivery without the responsibility of a patient panel that allows for continuity of care.

Recommendation two: Fully implement universal national pharmacare

The pandemic put a strain on the pocketbooks of many in Canada, and particularly highlighted the fact that for many people, affording necessary medication remains a challenge. Canada continues to be the only high-income country with a universal health care system that does not also universally cover prescription medication.

The government signaled support for adoption of universal national pharmacare, including supporting the work of the Advisory Council on the Implementation of Pharmacare. However, legislation advancing action to enact the program, (such as the recently defeated Bill C-213) did not receive the government’s support. Additionally, the budget allocated towards pharmacare in the current budget falls well below the projected costs of robust implementation.

The government must act to legislate the inclusion of pharmacare under the *Canada Health Act* accompanied by sufficient funding for its full implementation.

Recommendation Three: Support Indigenous and rural communities in achieving equitable health and social well-being

a. End boil-water advisories in all Indigenous communities

Despite the government's 2015 commitment to end boil-water advisories within five years, in 2021 many are still in effect. It is unethical and immoral for any community in Canada to live without access to potable water, especially when this has been an enduring health hazard for decades. A commitment to end remaining advisories within three years is necessary and should be enabled with adequate funding.

b. Support Indigenous communities recovering from residential school genocide

The steps the government has taken to acknowledge and address systemic discrimination are important and must be developed into robust programs with measurable outcomes. As more and more unmarked grave sites at residential schools are discovered, the need to demonstrate tangible action towards reconciliation becomes ever more urgent.

Indigenous communities need support to find, recover and document all the lost children buried in unmarked graves in residential schools across Canada. Indigenous communities are owed the respect of supporting those survivors of residential schools, as well as those families left behind by the children who were taken and never came home.

c. Support adoption of virtual care by investing in appropriate communications technology, infrastructure and education programs

Virtual modes of care can improve access to care for people living in rural and remote settings. This does not mean exclusively Indigenous communities, but it is nevertheless vital to ensure that these communities have access to the same standard of care as all other Canadians. Effective virtual care depends on equitable access to reliable communications technology to enable video, telephone, and asynchronous text communications with health care providers. To harness the benefits for rural and remote communities the federal government should invest in enhancing the existing infrastructure to ensure that reliable, high-speed internet access is available throughout Canada. Patient education programs to ensure comfort with technology and ability to use it effectively are also required. The OTP also speaks to training investments that will yield benefits for rural communities. For example, by providing ongoing training opportunities, or continuing professional development in rural areas, residents of these communities will ensure health care graduates remain and continue to work to meet local needs.

About the CFPC

The voice of family medicine in Canada

The College of Family Physicians of Canada (CFPC) is the professional organization that represents more than 42,000 members across the country. The College establishes the standards for and accredits postgraduate family medicine training in Canada's 17 medical schools. It reviews and certifies continuing professional development programs and materials that enable family physicians to meet certification and licensing requirements.

The CFPC provides high-quality services, supports family medicine teaching and research, and advocates on behalf of the specialty of family medicine, family physicians, and the patients they serve.

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