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...
Putting Care Front and Centre

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.

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
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 M. Commission of Canada and we applaud this initiative. The CFPC is concerned that the National Anti-Drug concert with recently passed laws, favours enforcement, 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 an early childhood education program and CFPC urges the federal to take action.

**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.
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 materials can be unapproachable. The CFPC urges federal decision-makers to consider policies that take care of our health now rather than later.
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