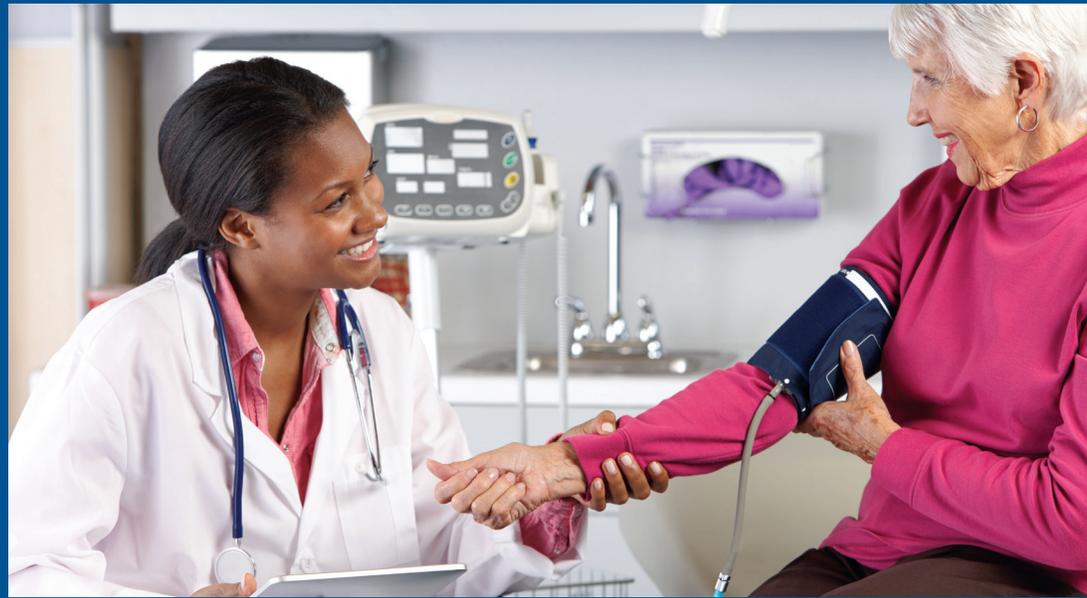


THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA



The Role of the Federal Government in Health Care

Report Card 2013

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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...



1

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.

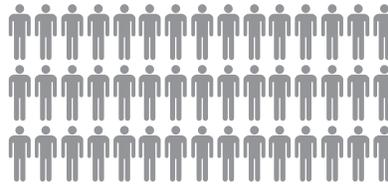


A Family Doctor for Every Canadian

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.

YELLOW

34.88 million people



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.

RED

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.

YELLOW

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 replacement and sight restoration) to cover a variety of



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



National Immunization

Immunization is a measure that is easy to cover and schedule. Currently, coverage and schedules are not standard across provinces. The federal government currently has no national immunization strategy.

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 financial hardship. However, since 2008, no progress has been done. There is still no universal national pharmaceutical strategy despite the frequent calls for one. While some provinces have complete drug coverage, others do not. The CFPC calls on all governments, including the federal government, to develop a national pharmaceutical strategy for all Canadians.



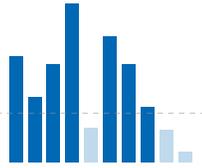
2

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 Mc Commission of Canada and we applaud this initiative. The CFPC is concerned that the National Anti-Drug Concert with recently passed laws, favours enforcement, prevention, treatment, and harm reduction.



Child and Youth Strategy

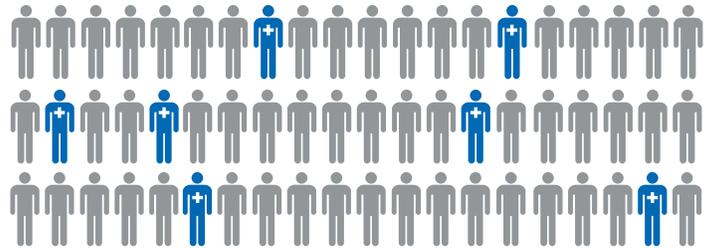
There is currently no federal strategy on child and youth health issues such as mental health and obesity. Canada’s investment in early childhood development is one of the lowest among OECD countries. Canada would benefit from a national child and youth : an early childhood education program and CFPC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



3

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.



4

ESTABLISHING THE VISION FOR HEALTH CARE AND MEASURING PERFORMANCE

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.



RED



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.

YELLOW

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.



RED



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.

YELLOW

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.



RED

5

SUPPORTING HEALTH CARE RESEARCH

Good, evidence-informed research is the lifeblood of health care. Think of great Canadian contributions to human health such as insulin and our pioneering work in stem cells. Research also contributes to improving medical practice guidelines and how doctors, nurses, and other health care providers deliver better 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.



YELLOW

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.



YELLOW

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.



YELLOW



Communicating Research Into Policy and Action

The clarity of communicating health research





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

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