

HEAL



Organizations for Health Action

The Canadian Way 2.0

Accelerating Innovation and Improving Health System Performance, with Focus on Seniors' Care and Mental Health

A Consensus Statement by HEAL
(Organizations for Health Action) 2018





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INTRODUCTION

HEAL, Organizations for Health Action, is a coalition of 40 national health organizations dedicated to improving the health of Canadians and the quality of care they receive. Our members are professional associations of regulated health care providers and organizations of health charities that provide a range of health care services across Canada. Created in 1991, HEAL now represents more than 650,000 providers (and consumers) of health care, in over 20 different health care professions. HEAL as an organization is uniquely placed to champion issues and innovations that shape and reshape health care at the national level. A key focus for HEAL is the promotion of sustainable solutions and health system transformations for lasting impact on the health and well-being of all Canadians.

In 2016, HEAL published its first consensus statement, ***The Canadian Way – Accelerating Innovation and Improving Health System Performance***, following more than two years of research, review, and reflection.

The Canadian Way (2016) consensus statement reflected an unprecedented level of agreement amongst a broad representation of health sector professionals about the role of the federal government in improving the health of Canadians and the care they receive. It discussed and considered many contemporary structural, demographic, and financial challenges associated with the delivery of interdisciplinary/interprofessional health care in Canada and put forward a call to action for accountability and collaboration at all levels of government and to our country's political leadership.

Topics addressed in *The Canadian Way* included greater federal collaboration with the provinces and territories; collaboration with health care professionals on health issues; a health performance framework with indicators for evaluation; clearer federal positions on health care; federal health funding; the adoption and spread of innovation; the aging Canadian population; and prescription drugs.

The recommendations in *The Canadian Way* consensus statement remain relevant today. Building on the progress made since the release of this original consensus statement, ***The Canadian Way 2.0*** evaluates the level of action taken by the federal government over the past two years and identifies key areas of opportunity that remain.

As we looked back at our original recommendations, HEAL also recognized the emergence of new challenges and opportunities for health care in Canada. In 2018, our health care system and the health of Canadians are still matters for urgent attention and should remain a priority concern for our country's leaders. The professionals who make up HEAL membership face challenges every day in providing services and care for our aging and diverse population, many with chronic diseases and mental health conditions, given the financial constraints experienced by all governments. These challenges require a steadfast commitment to a national collaborative effort involving all levels of government and demand innovative and sustainable solutions to keep Canadians well and out of hospital.

HEAL's ***The Canadian Way 2.0*** statement moves the conversation forward, adding additional recommendations on the two areas of priority identified by our members in 2018:

1. Seniors' care (across the health care system continuum, including home care)
2. Mental health services

HEAL's recommendations continue to encourage collaboration between governments and providers, proposing measures and investments to improve overall system effectiveness and contribute to positioning Canada as a top performing country in health service delivery. Our calls to action articulate what Canadian health care professionals believe is needed for improved delivery of health care in Canada—to be initiated now by the federal government and accomplished during the subsequent term of office.

HEAL is confident that the solutions and options proposed will stimulate a national discussion about the expectations of Canadians and the roles and responsibilities of the federal government with respect to the future of health and health care in Canada. ***The Canadian Way 2.0*** continues to advance a compelling case for a return to the Canadian way—providing health care with compassion, consensus, and collaboration.



PROGRESS REPORT—The Canadian Way

The following report card assesses the progress made by the federal government on HEAL’s key recommendations from The Canadian Way (2016) as they relate to greater federal collaboration with the provinces and territories; collaboration with health care professionals on health issues; a health performance framework with indicators for evaluation; the adoption and spread of innovation; the aging Canadian population; and prescription drugs. “Spotlights” are used to grade the federal government’s performance:



The federal government is demonstrating leadership; we encourage an ongoing commitment in this area.



The federal government has taken some action or has indicated clear intent to act in this area.



The federal government has not yet taken action in this area.

Federal dialogue and collaboration with provinces and territories, health care providers, and the public

Recommendations:

HEAL recommends that the federal government commit to a renewed and sustained working relationship with the provinces and territories that is focused on improving Canada’s health system, now and into the future, including working together with health care providers and the public to ensure the promotion and delivery of appropriate, innovative, integrated, cost-effective, and accessible health services and supports.



HEAL recommends that the federal government work with the country’s health care providers to inform the delivery of health promotion and illness prevention initiatives and ensure that Canadians receive services that are evidence based and cost effective.



In mandate letters to consecutive ministers of health in the present term of office,^{1,2} the federal government has emphasized the importance of collaboration with its provincial and territorial partners. Collective priorities and a 10-year funding agreement with the provinces and territories have been reached, and the federal government has used these agreements to address the priority areas of home care and mental health. This encouraging development is a first step. HEAL would like to see the federal government expand this collaboration beyond providing investments, to providing leadership that meaningfully engages the provinces and territories to accelerate innovation and the delivery of appropriate, integrated, cost-effective, and accessible health services.

During this term of office, the federal government has engaged in some collaborative work with the country’s health care providers. HEAL appreciates the participation and reports from Health Canada officials at various HEAL meetings and the opportunities for discussion and input. Nevertheless, some critical decisions affecting large numbers of regulated health professionals have been made without substantive involvement from these providers; HEAL therefore encourages greater collaboration with stakeholders, especially across all health care professions.

¹ https://pm.gc.ca/eng/minister-health-mandate-letter_2015

² <https://pm.gc.ca/eng/minister-health-mandate-letter>

Clear federal vision for the role of government in health care

Recommendation:

HEAL recommends that all federal parties articulate their vision for the role of government, providing leadership in ways to improve the health of Canadians and the care they receive.



Through its election platform, and subsequently the (publicly accessible) mandate letters to the ministers of health, this federal government clarified its vision of its role in the Canadian health care system and also articulated some specific steps it would take to enhance its impact.

The federal government has introduced an online [Mandate Tracker](#)³ that provides updates and insight on the progress made in each identified priority area. Progress in the area of “Healthy Canadians” includes signing a new health accord with the provinces and territories (self-rated Completed – fully met); making high-quality mental health services available under the new health accord (self-rated Underway – on track); supporting the delivery of more and better home care services (self-rated Underway – on track); improving access to necessary prescription medications (self-rated Underway – on track); and advancing pan-Canadian collaboration on health innovation (self-rated Underway – on track).

Health performance framework

Recommendation:

HEAL recommends that the federal government identify a shared health performance framework and indicators (consistent with the Triple Aim approach for better health, care, and value for all) to ground and integrate the efforts of everyone involved—governments, health professionals, and service delivery organizations—and incent cost-effective, innovative, and evidence-based solutions.



As part of the Shared Health Priorities project, the federal, provincial, and territorial ministers of health committed to work collectively and with the Canadian Institute for Health Information (CIHI) to develop a focused set of common indicators to measure pan-Canadian progress towards improving access to a variety of interprofessional mental health and addictions services, and home and community care.⁴ HEAL has been kept abreast of the progress made in the indicator selection process by CIHI, and applauds the efforts undertaken so far. HEAL maintains that a similar approach to indicator identification and development is still required across all health care issues.

³ <https://www.canada.ca/en/privy-council/campaigns/mandate-tracker-results-canadians.html>

⁴ <https://www.cihi.ca/en/health-indicators>



Federal health funding

Recommendations:

HEAL recommends that the federal government provide a stable proportion of funding that stands at no less than 25% of total provincial and territorial spending on health services.



HEAL recommends that the federal government explore the concept of a demographic top-up transfer that would be allocated based on the combined weight of the age–sex composition of a province’s population compared to the average age–sex specific health expenditure profile.



Calculations from a variety of stakeholders show that the federal contribution to provinces through the Canada Health Transfer (CHT) falls short of the 25% threshold, with a downward trend over time as health expenditures grow for provinces at a greater rate than the corresponding growth in the transfer payment.⁵

The Parliamentary Budget Office has also presented calculations that confirm the shortfall.⁶ Its report acknowledges that a scenario in which CHT payments are increased and maintained at 25% of health spending in each province and the territories (combined) would result in most subnational governments remaining fiscally unsustainable over the long term. Alternative scenarios in which CHT payments to provinces and the (combined) territories are allocated based on their respective shares of an aging population have also been assessed as inadequate, with most provinces remaining fiscally unsustainable over the long term (some with greater adverse effects); only Quebec and Nova Scotia would remain fiscally sustainable.³ As yet, HEAL is not aware of the federal government’s taking any action on the initiation of a demographic top-up. HEAL believes that such a top-up would help to address unique funding challenges faced by provinces with older populations.

Supporting innovation in primary care, mental health, and health human resources

Recommendation:

HEAL recommends the federal government introduce a time-limited fund (a National Health Innovation Fund) for three specific areas: primary health care, mental health and addictions, and health human resources.



No National Health Innovation Fund has been established, nor is one, to HEAL’s knowledge, being explored for implementation in the near future. HEAL maintains that the federal government can play a transformational role through its partnership with provinces and territories, as it is uniquely placed to help accelerate the spread of evidence-based innovations that provide better health, better care, and better value for all.

Of the three areas identified in the recommendation (primary health care, mental health and addictions, and health human resources), HEAL does note that the federal government has made mental health and addictions an area of priority in its Shared Health Priorities project, and HEAL is hopeful that some of the many innovative projects and practices in this area of health care will be funded through dedicated investments. *The Canadian Way 2.0* identifies some specific directions and offers recommendations for future action.

⁵ http://www.budget.finances.gouv.qc.ca/budget/2017-2018/en/documents/Budget1718_Health.pdf

⁶ http://www.pbo-dpb.gc.ca/web/default/files/Documents/Reports/2018/Fed%20Transfers/Fed_Transfers_Prov_Territories_EN.pdf

Aging population and support for home care

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Recommendation:

HEAL recommends the federal government explore the introduction of appropriate tax-based policies and programs so Canadians will not be placed in financial jeopardy if they require home care and/or long-term institutional care.



HEAL recommends the federal government assist the provinces and territories in building the necessary long-term care infrastructure required to ensure that Canadians are cared for in appropriate settings as they age.



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Access to prescription drugs

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Recommendation:

HEAL recommends the federal government introduce a prescription drug program to help Canadians facing extraordinary drug costs.



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In consecutive mandate letters to its health ministers,^{7,8} the federal government has emphasized the importance of access to affordable home care. Indeed, home care was also the target of \$6 billion in focused funding to be delivered to the provinces through bilateral transfer agreements.⁹ HEAL applauds this focus on home care, and eagerly anticipates the outputs of such investments made at the federal level. HEAL notes that the necessary long-term care infrastructure to ensure Canadians are cared for in appropriate settings as they age will take time to build. Its members are encouraged by investments that should help reach this goal. *The Canadian Way 2.0* identifies the importance of the aging population issue to Canadian health care and makes several specific recommendations as to how the federal government could make an impact.

No specific action has been taken to instigate tax-based policies related to this area. HEAL notes that this remains an area of potential opportunity to effect change for the aging population.

HEAL recognizes the work that the federal government has performed to date on the investigation of a national prescription drug program, including numerous meetings, consultations, and the presentation of a report from the Standing Committee on Health.¹⁰ We are encouraged by the recent establishment of an Advisory Council on the Implementation of National Pharmacare, chaired by Dr. Eric Hoskins.¹¹ HEAL will watch with great interest as these investigations move towards actionable measures for the implementation of this important program.

⁷ https://pm.gc.ca/eng/minister-health-mandate-letter_2015
⁸ <https://pm.gc.ca/eng/minister-health-mandate-letter>
⁹ <https://www.budget.gc.ca/2017/docs/plan/chap-03-en.html>
¹⁰ <https://www.ourcommons.ca/Committees/en/HESA/StudyActivity?studyActivityId=8837577>
¹¹ <https://www.fin.gc.ca/n18/18-050-eng.asp>



A FOCUSED CALL TO ACTION

As health care providers who understand and can inform improvements in Canada's health system, HEAL and its constituent members can and do drive innovation. Continued dialogue with a full range of health providers will support changes for a more sustainable health system that delivers comprehensive care in community and institutional settings, resulting in healthier Canadians, more productive workplaces, and a more prosperous economy and stable society.

HEAL continues to believe that federal leadership is essential to advancing the health of Canadians and to transforming the health system. While provincial and territorial governments have lead responsibilities in delivering health care, only the federal government represents the interests of all Canadians.

In addition to managing the delivery of health care service to First Nations, veterans, RCMP, and Canadian Forces populations, the federal government is also the predominant funder of health research and contributes key policies, programs, and investments that address our country's health and social service requirements. As such, it is well positioned to extend its leadership by further collaborating with provinces and territories with the common purpose of accelerating innovation and improving health system performance.

In *The Canadian Way* (2016), HEAL made a number of recommendations related to renewed federal involvement in health care. Since that time, the federal government has identified several priorities that would benefit from federal support. Most notably, the government has committed \$11 billion in transfer funding over 10 years to the provinces for the priority areas of home care and mental health.

In *The Canadian Way 2.0*, HEAL recognizes these important commitments on the part of the federal government and offers recommendations specific to **Seniors' Care** and **Mental Health**, where it believes the federal government will be able to play a pivotal leadership role. HEAL believes that, with a continued commitment to a sustained collaborative working relationship with the provinces and territories, the federal government can take significant strides in addressing these two important issues and in doing so significantly improve Canada's health system, now and for the future.

PRIORITY ISSUE 1: Seniors' Care

Our country is grappling with the impact of our aging population and an increase in chronic disease across the lifespan. According to Statistics Canada, more than 15% of the Canadian population was over the age of 65 at the time of the last census (double what it was from the 7.6% of the population over 65 from the time period during which the health care system was founded).^{12,13} By 2036, this age group is expected to make up more than 25% of the population. And because health care costs increase with age, the demands of this demographic shift on the Canadian health care system will compound.¹⁴

As a result, Canada requires a more robust approach to home care and community health services for older adults and those living with a dementia. The original health care system was based on a biomedical model of primary care physicians, acute care hospitals, and long-term care facilities. No specific part of the original universal health care plan incorporated public health, community-based health services such as home care, or access to a broader variety of regulated health care professions and specialists. Although these have developed over time they are uneven across the country due to provincial fiscal and political decisions.

Currently, large numbers of older adults are “living” in acute care settings due to a lack of accessible community care facilities. Inappropriate acute care usage can lead to further deterioration and risk for such patients. The United Kingdom has been focused on reducing unnecessary hospital admissions for the frail elderly for more than a decade. “However, we know that frail older people are at greater risk of experiencing significant harm if admitted to hospital as an emergency – particularly if they are delayed in an emergency department.”¹⁵

This demographic shift is an issue for health care providers and governments across all provinces and territories. HEAL believes that the federal government can play a key role in ensuring that the health care system effectively and appropriately meets the challenge of Canada’s aging population. Seniors’ care is a complex issue involving most components of the health care system. As such, HEAL identifies several concrete measures through which the federal government could effect significant change.

Implementing a demographic top-up transfer

The CHT is the single largest federal transfer to the provinces and territories. This funding is critical in supporting provincial and territorial health programs in Canada. However, as Canada’s population ages, provincial and territorial governments will continue to face increasing financial pressure to provide appropriate levels of care.

The CHT is an equal per-capita-based transfer to provinces and territories. As such, it does not currently account for population segments with increased health needs, specifically seniors. Canada’s premiers have previously called for the federal government to increase the CHT to 25% of provincial and territorial health care costs to address the needs of an aging population. Rather than change the current CHT formula, HEAL recommends that an additional demographic top-up be transferred to provinces and territories based on the projected increase in health care spending associated with an aging population. The Conference Board of Canada calculated the amount for the top-up to the CHT using a needs-based projection. For the fiscal years 2017–2020, this top-up would require a federal investment of \$1.66 billion to 1.88 billion annually.¹⁶

Recommendation 1.1:

HEAL recommends that the federal government implement a demographic top-up transfer that would be allocated based on the combined weight of the age–sex composition of a province’s population compared to the average age–sex specific health expenditure profile.¹⁷

¹² Statistics Canada. Canada’s population estimates: Age and sex, July 1, 2015. The Daily. Ottawa: Statistics Canada; 2015 [cited 2018 June 8]. Available from: www.statcan.gc.ca/daily-quotidien/150929/dq150929b-eng.htm

¹³ Public Health Agency of Canada. The Chief Public Health Officer’s Report on the state of public health in Canada, 2014: Changing demographics, aging and health. Ottawa: PHAC; 2015 [cited 2018 June 8]. Available from: www.phac-aspc.gc.ca/cphorsphc-respcacsp/2014/chang-eng.php.

¹⁴ Canadian Institute for Health Information. Health care cost drivers: The facts. Ottawa: CIHI; 2011 [cited 2018 June 15]. Available from: https://secure.cihi.ca/free_products/health_care_cost_drivers_the_facts_en.pdf

¹⁵ National Health Service. Safe, compassionate care for frail older people using an integrated care pathway: Practical guidance for commissioners, providers and nursing, medical and allied health professional leaders. Cornwall (UK): NHS England, South, 2014. Available from: <https://www.england.nhs.uk/wp-content/uploads/2014/02/safe-comp-care.pdf>



Supporting the implementation of a national dementia strategy

The Alzheimer Society of Canada has long advocated for a national dementia strategy that is informed by best practice, inclusive of people with dementia, and with clear targets as well as reporting structures. HEAL supports the Government of Canada which is leading the development of a concrete national dementia strategy and action plan that is publicly funded, sustainable, and accountable. Budget 2018 included \$20 million in new funding for dementia care and increased investment in the Canadian Institutes of Health Research, which supports world-class research on dementia.

“Witnesses explained that dementia is not a normal part of aging, although aging is a major risk factor for developing dementia.” The risk factor doubles every five years after age 65. Therefore, it is imperative within seniors’ health care planning that the national dementia strategy be supported with significant resources. Dementia is a progressive, degenerative, complex neurological disease requiring an interprofessional approach to care and partnerships with family care providers. Dementia care knowledge is rarely a part of health care professional education curricula across Canada, therefore there is a deficit in awareness, knowledge, and skills for best practice person-centred care.

HEAL is supportive of two key parliamentary initiatives that will lead to the anticipated launch of a national dementia strategy for Canada: 1) the National Strategy for Alzheimer’s Disease and Other Dementias Act; and 2) the Standing Senate Committee on Social Affairs, Science and Technology’s report, *Dementia in Canada: A National Strategy for Dementia-Friendly Communities*.

To implement a national dementia strategy, there is a need for substantial funding over and above what was already provided in the 2018 federal budget.

Recommendation 1.2:

HEAL calls on the federal government to invest \$150 million (\$30 million per year over 5 years) to support the delivery of the National Dementia Strategy (based on the recommendation of the Alzheimer Society of Canada).¹⁹

- a. This new funding will be used for improving services for persons living with a dementia and their families across the health care continuum.
- b. A portion of the new funding would be utilized to develop and implement dementia education for all health care providers.
- c. A portion of the new funding would be directed to the development of community-based dementia care programs that support persons living with a dementia and their families to live well at home for as long as possible.

¹⁶ <https://www.cma.ca/Assets/assets-library/document/en/advocacy/submissions/2016-aug-05-cma-2017-pre-budget-submission-e.pdf>

¹⁷ HEAL. The Canadian way: Accelerating innovation and improving health system performance. Ottawa: HEAL; 2016. Available from: http://healthaction.ca/docs/Publications/HEALFedRole_FinalStatement2016.pdf

¹⁸ Ogilvie KK, Eggleton A. Dementia in Canada: A national strategy for dementia-friendly communities. Ottawa: Standing Senate Committee on Social Affairs, Science and Technology, Senate of Canada; 2016.

Encourage the spread and scale of existing innovation in the delivery of home care

In 2016, the Canadian Home Care Association (CHCA), Canadian Nurses Association (CNA), and the College of Family Physicians of Canada (CFPC) issued a report entitled *Better Home Care in Canada: A National Action Plan*.²⁰ The report was based on pan-Canadian consultations that took place with government representatives, health care administrators, family doctors, nurses and other health care professionals (e.g., physiotherapists, occupational therapists, chiropractors, speech-language pathologists, dietitians, social workers), and home care service providers from across Canada.

As the report noted, the federal government can “accelerate the identification, adoption, and adaption of integrated, community-based practices that address the needs of individuals with chronic complex needs, including end-of-life care.”²¹

HEAL therefore encourages the federal government to adopt the following recommendation found in its report.

Recommendation 1.3:

HEAL encourages the federal government to help accelerate the spread and scale of best practices (e.g., virtual care, tele-homecare, home care electronic records) by leveraging and enhancing current pan-Canadian resources that are building capacity and improving performance in the home care sector.

Provide better community- and home-based healthy and active aging programs across the country

Preventive activities and programs provided by interprofessional health care teams can help seniors maintain or improve their health through the management of chronic diseases and chronic conditions. Such initiatives may also improve seniors’ social engagement and prevent cognitive decline. For instance, detection, prevention, and treatment of malnutrition in the community can have substantial impact on health status and quality of life. Almost half of older adults admitted to hospital are malnourished, leading to longer hospital stays and adding \$2 billion to health system costs.²²

One of the biggest benefits of these activities is the reduction of falls—the leading cause of injury-related hospitalizations among Canadian seniors. Nutrition and exercise programs that improve balance and strength are one of the most effective and low-cost ways to improve a person’s stability. The services of an interprofessional, coordinated team of health care providers can contribute to decreased hospitalization and greater independence in the community, with cost savings, over the long term.

Recommendation 1.4:

HEAL recommends that the federal government expand the New Horizons for Seniors Program by incorporating a new objective to support healthy and active aging.²³

- a. This adjustment will provide funding for advanced training and education for health care providers to implement and evaluate fall prevention programs for seniors living at home and in long-term care, as well as other healthy aging initiatives.

¹⁹ http://www.alzheimer.ca/sites/default/files/files/national/advocacy/pre-budget_submission_aug_4_2017.pdf. Budget 2018 proposes to provide \$20 million over five years, starting in 2018–2019, and \$4 million per year ongoing, to the Public Health Agency of Canada to support community-based projects that address the challenges of dementia. <https://www.budget.gc.ca/2018/docs/plan/budget-2018-en.pdf>

²⁰ Canadian Nurses Association, College of Family Physicians of Canada, Canadian Home Care Association. *Better home care in Canada: A national action plan*. Toronto: CNA, CFPC, CHCA; 2016. Available from: https://cna-aiic.ca/-/media/cna/page-content/pdf-en/better-home-care-in-canada_a-national-action-plan-copy.pdf?2Of?la=en&hash=D7C8B69F4E0B000F74CE372D6DAFCA9D198ADD39

²¹ Ibid, p. 10.

²² Curtis LJ, Bernier P, Jeejeebhoy K, Allard J, Duerksen D, Gramlich L, Laporte M, Keller HH. Costs of hospital malnutrition. *Clinical Nutrition*. 2017;36(5): 1391–96. DOI: 10.1016/j.clnu.2016.09.009

²³ Most recently, CNA submitted *Advancing Inclusion and Quality of Life for Canadian Seniors* to the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities (HUMA). On March 29, 2018, the committee tabled its final report, *Advancing Inclusion and Quality of Life for Seniors*. The report adopted CNA’s recommendation to promote the New Horizons for Seniors Program to enhance social inclusion for isolated people.



Develop a pan-Canadian caregiver strategy

Family members providing care in the home for those with a long-term condition, disability or aging-related problem often experience a range of adverse health conditions (physical, mental, social) and other consequences (including financial stress) as a result of their caregiver roles and tasks.²⁴

Recommendation 1.5:

HEAL calls on the federal government to coordinate the development a pan-Canadian caregiver strategy.

- a. Such a strategy would encompass accessible and flexible respite; mitigation of undue financial burdens; information and support systems; flexible workplace options that afford job protection; and access to supports and resources in educational institutions.²⁵
- b. The strategy would include tax measures that protect workers' incomes while providing supports and guarantees for workplace leave protection and respite care to employers and employees, including those who are caregivers.²⁶ These federal tax measures would reduce productivity losses for public and private sector employers while recognizing and supporting the needs of working caregivers. HEAL encourages the federal government to identify and develop these tax measures through a consultation with employer stakeholders in 2019–2020 (possibly as an extension of its Canadian Employers for Caregivers Plan).²⁷

²⁴ Turcotte M. Family Caregiving: What are the consequences? Insights on Canadian Society. Catalogue no. 75-006-X. Ottawa: Statistics Canada; 2013. Available from: www.statcan.gc.ca/pub/75-006-x/2013001/article/11858-eng.pdf.

²⁵ This recommendation was found in CNA's recommendation for the 2017 federal budget. Available from: <https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/cna-2016-pre-budget-submission-to-standing-committee-on-finance.pdf?la=en&hash=EAD7B194F6258A57F09D684366A642B147531FC0>

²⁶ Ibid.

²⁷ <https://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/principles-shared-health-priorities.html>

PRIORITY ISSUE 2: Mental Health

In its Common Statement of Principles on Shared Health Priorities,²⁸ the federal government invited its provincial and territorial partners to commit to collaboration, innovation, and accountability in mental health and addictions. The federal government has agreed to provide the provinces and territories with \$5 billion over 10 years to make mental health and addiction services more accessible in communities for children and youth and/or integrate evidence-based mental health and culturally appropriate care into primary health services and/or develop community-based mental health and addiction services for people with complex health needs.

Fit for Purpose,²⁹ a review commissioned by the minister of health of the pan-Canadian health organizations, has included among its recommendations that mental health care services be integrated into the core of Canadian health systems. *Fit for Purpose* has also called for health equity, which can be achieved by redefining medically necessary services under Canada's public health insurance plans to facilitate the delivery of services that are patient-centred, integrated, effective, universally accessible, and embedded within social determinants of health.

Enhancing access to effective mental health care and achieving equity in how our insurance systems support the delivery of mental health care are critical, long overdue goals for Canada. Provincial and territorial health insurance programs mainly cover care provided in public institutions or in communities by physicians. However, in Canada, much mental health care is not delivered in publicly funded clinics or institutions or by physicians. It is often delivered in communities by a range of health care providers that include psychologists, social workers, counsellors, and psychotherapists. Many community-based services are not covered by public health insurance plans; in some regions, a broader range of professional health care services may

be included as part of home care programs and/or primary care clinics (e.g., Family Health Networks, Community Health Centres), but access is often limited by program criteria.

While Canadians with extended health insurance through employment may have some coverage for mental health services, the coverage provided by private insurance plans is often too low to ensure a meaningful amount of effective service from the most appropriate health service providers. Moreover, Canadians without extended health insurance, or those who are not on disability or in hospital, may not even be able to access prescription medications that are necessary to help manage their mental disorders. Disparities in social determinants are known to contribute to higher suicide rates, particularly among Indigenous populations, as well as increased risk of substance-related and addictive disorders.

In Canada, there is no stated commitment from the federal government regarding equity in how the delivery of mental and physical health care is supported. Countries like the United Kingdom and the United States have recognized through legislation that mental health services must be offered in parity with services for physical illness. The Mental Health Parity and Addiction Equity Act (MHPAEA)³⁰ in the US requires that any coverage offered by insurers for mental and/or substance use disorders must be provided at par with medical or surgical health coverage. In the UK, the Health and Social Care Act 2012 has called for “parity of esteem,” meaning “valuing mental health equally with physical health.”³¹ The federal government should demonstrate leadership in health care delivery by specifically supporting and adopting the principle of mental health parity, as advocated by the Mental Health Commission of Canada and the Canadian Alliance on Mental Illness and Mental Health, which affirms that mental health is valued equally to physical health.^{32,33}

²⁸ <https://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/principles-shared-health-priorities.html>

²⁹ <https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/health-care-system/findings-recommendations-external-review-pan-canadian-health-organization.html#a6>

³⁰ https://www.cms.gov/ccio/programs-and-initiatives/other-insurance-protections/mhpaea_factsheet.html

³¹ Royal College of Psychiatrists. Whole-person care: From rhetoric to reality. Achieving parity between mental and physical health. Occasional paper OP88. London (UK): RCP; 2013. Available from: www.rcpsych.ac.uk/pdf/OP88.pdf

³² https://www.mentalhealthcommission.ca/sites/default/files/2016-08/advancing_the_mental_health_strategy_for_canada_a_framework_for_action.pdf

³³ <http://www.ourcommons.ca/content/Committee/421/FINA/Brief/BR8398052/br-external/Canadian%20Alliance%20on%20Mental%20Illness%20and%20Mental%20Health-e.pdf>



As is the case with physical illness, there are a range of mental disorders and interventions. Delivering effective mental health care requires matching the right intervention to the right person and condition. Governments that launch mental health care initiatives need to define who they are trying to reach, with what, and how. There is no one-size-fits-all solution for mental health conditions and disorders. Interprofessional care plans must be evidence based, delivered through the most appropriate care provider in doses sufficient for successful treatment outcomes, and resourced in ways that ensure sustainability. Once implemented, the effectiveness of interventions should be assessed on an ongoing basis.³⁴

As recognized by both the Common Statement of Principles on Shared Health Priorities and by Fit for Purpose, Canada must integrate effective mental health services into its health care delivery systems. HEAL heartily agrees and offers the following recommendation.

As is the case with other health concerns and disorders, stepped, interprofessional collaborative care can best respond to the depth and breadth of mental health conditions and disorders that Canadians face. The scopes of practice of mental health care providers should be fully employed and supported by our systems of comprehensive, interprofessional health service delivery.

Recommendation 2.1:

Mental health care should be integrated into primary health care and covered by provincial and territorial health insurance plans so that access to service is enhanced where health care is commonly sought and delivered.

- a. Care must include assessment and diagnosis as well as treatment and follow up. Treatments must be evidence based and include psychological (e.g., psychotherapy) and biological approaches (e.g., medications, nutrition therapy, physical activity).
- b. Psychological treatments must be provided in doses sufficient for effectiveness.
- c. Assessment, diagnosis, and treatment of mental disorders must be delivered by, or under the oversight of, regulated health care providers whose training and scope of practice includes these activities.³⁵
- d. The principle of mental health parity must be adopted by the Government of Canada.

³⁴ https://cpa.ca/docs/File/Government%20Relations/Targeting_Funds_for_Better_Access_to_Quality_Mental_Health%20h_Care_for_Canadians_March2017.pdf.

³⁵ In order to maximize the effectiveness of this recommendation, it is imperative that the federal government work with its provincial and territorial counterparts to encourage and support professional regulation in jurisdictions where it does not currently exist. For some mental health professions, there are differences in the nature or existence of regulation from one province/territory to the next, which creates inequities in the delivery of services in different parts of the country. Therefore, in order to ensure greater access to and public coverage of services provided by regulated professionals, the federal government must promote the establishment of regulation in unregulated jurisdictions.

CONCLUSION

This consensus statement revisits *The Canadian Way* (2016), comments on the federal government's progress to date on HEAL's original recommendations, and emphasizes two areas of priority identified by our members in 2018.

With *The Canadian Way* (2016), we urged the federal government to articulate its vision for health system improvement and argued that HEAL, as an organization representing a broad range of health care professionals, was poised to contribute to this work. Over the last two years, HEAL has been encouraged to see the government take action on two of our recommendations: 1) building a dialogue with the provinces and territories, health care providers, and the public; and 2) articulating a vision to improve the health of Canadians. However, a number of recommendations from *The Canadian Way* remain unaddressed. They are as follows: identifying a health performance framework; revisiting federal health funding; supporting innovation; supporting Canada's aging population (and community-based care); and improving access to prescription drugs. HEAL encourages the federal government to revisit these recommendations.

With *The Canadian Way 2.0*, we are pleased to add to these recommendations in two areas of priority: 1) seniors' care (across the health care system continuum, including home care) and 2) mental health services. The federal government can take significant strides in addressing these important areas by acting on HEAL's recommendations.

To support the federal government's efforts to improve overall health system effectiveness, HEAL is seeking an ongoing dialogue to share the collective views of more than 650,000 health care professionals, representing over 20 professions, on health system improvement.



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Association canadienne de médecine nucléaire

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Canadian Massage
Therapist Alliance
Alliance Canadienne
de Massothérapeutes

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CAOT - ACE
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