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Reaching the patient-centred target

A review of the progress in implementing the 2004 ten-year plan to strengthen health care and recommendations to improve it

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Summary

The 2004 First Ministers' "10-year plan to strengthen health care" covered a wide swath, from prevention to wait times. Although all important, this review focuses on the following critical and interconnected elements that show how the health care system measures up: human resources for health (HRH), access to and quality of care, innovation and sustainability. The overriding priority for Canadians is timely access to high quality health care. At the same time providers and patients realize that the current system has problems and fundamental changes are needed to improve it.

Is Canada making progress in the *10-year plan to strengthen health care*? The public continues to be frustrated with timely access to the appropriate providers. Further, Canada has slipped in the effectiveness of service delivery. Despite numerous HRH research and planning efforts by governments and stakeholders, maintenance of a stable and sufficient pan-Canadian health-care provider workforce has proven an elusive goal. Sustainability of the current system is in question raising arguments for hastened reform and innovative solutions in health care delivery. It is not all bad news. The *10-year plan to strengthen health care* has flagged health care as a national priority and spurred action plans to address priority issues. Where governments have established evidence-based benchmarks, substantial reductions in wait times are evident in several specialties notably in some cancer treatments, cardiac surgery, hip and knee replacement and cataract surgery.

Quantifying efficiency and effectiveness has traditionally lagged behind the measurement of health care outcomes; it often lacks a systematic process despite its importance in evaluating sustainability. More work needs to be done to correlate health care outcomes with their contributing factors but also to set national standards on health outcomes (e.g., childhood obesity rates, injury rates, etc.). The Royal College acknowledges the federal government's commitment to continued investments to sustain activities in support of health innovation. Canada's competitiveness and productivity could be accelerated through dedicated research observatories that would serve as leading-practice incubators.

The following recommendations are based on thorough assessments of studies and surveys investigating the state of health care in Canada against the tenets of the 2004 *10-year plan to strengthen health care*. The recommendations recognize that healthy Canadians are the nation's most precious resource and provide strategic directions on how to get there. The recommendations embody current perspectives of stakeholders and are rooted in recent submissions to federal government standing committees on health and finance from the Royal College and its position statements on Canada's complex health-care system:

1. ***Invest in patient-centred medical education and training programs that support lifelong learning and continuous professional development matching the needs of Canada's diverse populations.***
   Canada has made important strides in primary care reform. Investments from the 2004 accord laid some important foundations toward this progress. Recognizing that almost half of the medical workforce provides a broad spectrum of care beyond primary care, focused investments in specialty care will ensure that gains on the primary care front are optimized and Canadians receive timely high quality care.

   The Royal College recommends that the federal government establish targeted and sustained funding to expand medical school capacity. This includes support for innovation in training, interprofessional education, adequate residency positions and the development of assessment systems and tools to integrate international medical graduates. These measures will have direct impacts on reducing wait times, improving access and bolstering strategic HRH action plans.

   Sustained investment in the training and education of medical and other health professionals, and in biomedical, health system and psychosocial research will improve Canada's ability to

integrate and retain leading health, scientific and biomedical researchers and bolster health innovation.

In addition, to ensure that Canadians do not go without necessary health services because of a lack of health workers or other resources, the Royal College recommends that the federal government support a special federal infrastructure fund to provide exceptional relief and assistance to rural and remote communities lacking adequate health services, notably Aboriginal Peoples and their integration in health professions thereby enabling these individuals and their communities.

2. ***Establish a pan-Canadian human resources for health observatory to improve Canada's ability to properly plan and deploy its health care workforce and meet the needs of all Canadians including underserviced communities and peoples.***
Timely access to care is an overarching objective of the First Ministers' 2004 plan. The wait times reduction fund has yielded positive results in the target areas identified in the plan. Yet access to timely care remains a concern for many Canadians and health care providers. Given that health care is a labour intensive enterprise, Canada has yet to establish a national resource focussed on workforce science, as has been done in a number of other jurisdictions, including the United States and the United Kingdom.

   The Royal College recommends that the federal government provide national coordination and financial support for a pan-Canadian human resources for health (HRH) observatory to help optimize the contribution of all health care professionals to collaborative, team-based care. An HRH observatory will provide a locus for research in workforce science, including systematic research of promising and proven practices in Canadian jurisdictions and abroad. An observatory will also support knowledge sharing and translation among Canadian jurisdictions and internationally, better informing the planning of the supply and deployment of health professionals to ensure that Canadians have timely access to high quality care.

3. ***Contribute to the development of a national injury prevention strategy that will define measures to elevate public attention, bring broad-based resources to bear and develop concerted actions to control injury in Canada.***
Since the adoption of the 2004 ten-year plan, sustainability has also become a top-of-mind issue. Strategies around prevention and investments in primary care, to keep Canadians out of the health care system, are at the fore. But other opportunities exist to keep Canadians out of the health care system, thereby reducing the unnecessary burden on affected individuals and their families and the economy more generally with rapid results.

   One proven strategy focuses on injury reduction; its implementation pays huge dividends in improving quality of lives and reducing financial burdens on all. Costs attributed to unintentional injuries, suicides and self-harm were $20 billion in 2004. Injuries directly affect the health and quality of life of more than one of every ten Canadians. It is estimated that a national injury prevention strategy involving collaborative injury prevention and control measures can, after two years of its implementation, save 4,000 lives, reduce injury rates by 30 per cents and cut more than six billion dollars in health care costs. In so doing, capacity within the health system would also be freed up to improve access.

   The Royal College recommends that the federal government help fund an *injury prevention institute* — a key element of a pan-Canadian injury preventions strategy — designed for exchanging knowledge and leading practices among existing and emerging groups, and measuring progress against stated objectives and investments. The institute will facilitate collaboration, define pan-Canadian standards, conduct research, create a national injury data warehouse, measure progress and house a centralized, internationally recognized, advisory body.

Introduction
In 2004, the First Ministers and the federal government struck a ten-year plan to strengthen health care. The plan's tenets embodied Canadian values and expectations for a responsive and sustainable system — one that preserves the principles of universality, accessibility, portability, comprehensiveness and public administration.

This review looks at progress in implementing the 2004 ten-year plan. Recommendations by the Royal College provide direction to address issues in human resources for health (HRH), challenges to timely access and quality of care, roadblocks to innovation and obstacles in achieving sustainability.

Measuring progress against the 2004 plan and applying lessons learned will serve to inform future planning. Healthy Canadians are the nation's most precious resource.

Background
As a national, non-profit organization established in 1929 by a special Act of Parliament, the Royal College of Physicians and Surgeons of Canada (Royal College) is dedicated to setting the highest standards in postgraduate medical education — through national certification examinations and lifelong learning programs — and to help inform sound health policy for Canadians.

The Royal College's membership base of more than 43,000[1] medical and surgical specialists and residents represent 67 specialties, subspecialties and special programs — providing comprehensive and unique insights on the progress of health care in Canada.

What Canadians expect from their health care system
Health and wellness are important to Canadians and health care should be the top priority for the federal government according to a Nanos Research poll[2] commissioned by the Canadian Nurses Association and the Canadian Medical Association in advance of the last federal election.

Amongst several possible budget initiatives related to health care strongly favoured by Canadians, 86 per cent want programs that support long-term care in a specialized setting for patients who need assistance and health care support outside of hospital, 85 per cent of respondents want the budget to address wait time for care or finding a primary care provider and 83 per cent want investments in health research.

Patients (and providers) have their own definitions of high-quality health care but many would agree that common dimensions of quality include safety, provider competence, acceptability, accessibility, efficiency, appropriateness and effectiveness[3]. Regardless of its elements, attainment of high-quality health care must be the touchstone for all initiatives.

The Government of Canada published a report on its role within the context of the health of Canadians[4]; its findings point to their expectations for health care:

- Canadians want federal, provincial and territorial co-operation with respect to health care delivery; there is strong support for national standards in health care provision with a single-payer insurance system where government funds medical services but does not deliver them.

- Canadians want timely access to medically necessary services regardless of an individual's ability to pay — and without causing financial hardship.

- Canadians see that the publicly funded health care system in its current organizational and operational format is unsustainable; renewal and reform are necessary transformations to improve quality, efficiency and effectiveness.

Report card on the ten-year plan to strengthen health care

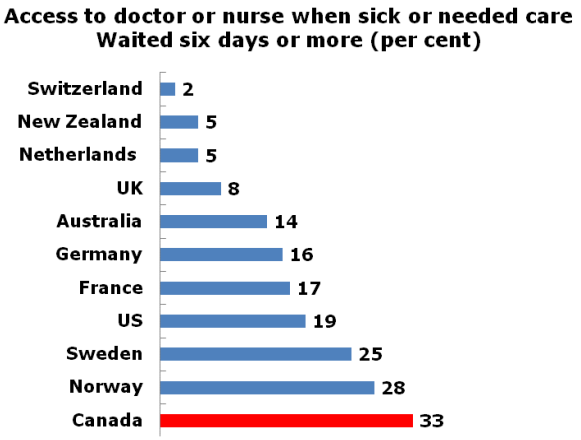
Reducing wait times, improving access to care and its quality still take centre stage

The highest priorities for Canadians in health care are timely access to care and its quality[5]. Accessibility means being able to reach and obtain care — within reasonable time and effort. All jurisdictions have taken concrete steps to address wait times with milestones and benchmarks to measure results[6]. Results are mixed.

> The highest priority for Canadians is access to high quality health care.

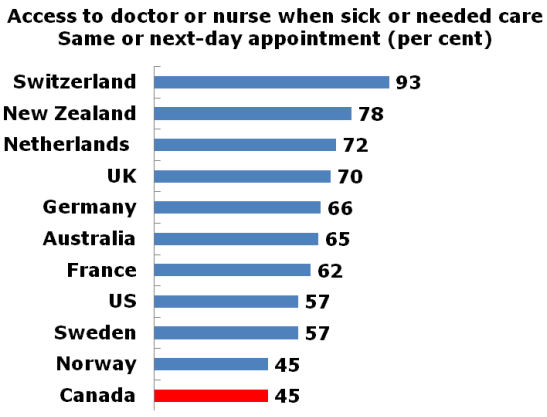
Statistics Canada found that waiting for care remains the number one barrier to access. In 2005 more than one out of ten Canadians 15 years of age or older visited a medical specialist — and close to 20 per cent of these cited difficulties in accessing care[7]. The Health Council of Canada reports that Canada still does not know how many physicians it should train and in what specialties[8].

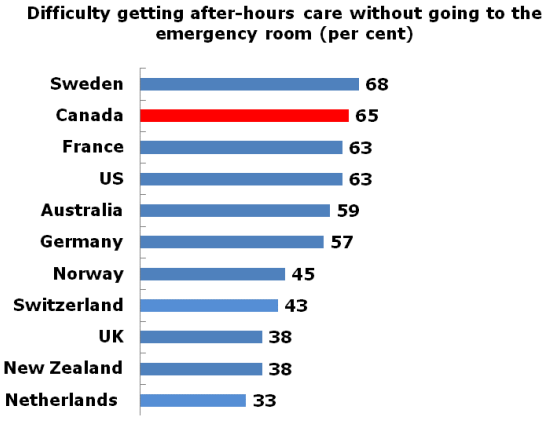
Health Canada identifies patient satisfaction as a measure of well-being in Canada[9]. Although the majority of Canadians are generally satisfied with Canadian health care as supported by a 2010 survey by the Commonwealth Fund[10], the study also points to the root causes of low satisfaction, one of which is access; Canada fairs poorly on this dimension in comparison with other countries (inset).



A recent Canadian study published in the British Medical Journal (BMJ)[11] that made headline news[12], correlated prolonged emergency department wait times with greater risk of adverse events — validating patient concerns. Evidence points to increasing levels of patient frustration based on certain aspects of delivery which tarnish the quality image of health care.

Here is what Canadian patients had to say (insets) about access when compared to their cohorts in comparably developed countries[13]. Canada has amongst the worst showings in timely access to care.





The findings are *not* necessarily a reflection of the quality of care when received but they are an indication that the delivery system is under stress. This being said, the Health Council[14] identified

four specialties in 2008 — cancer, cardiac surgery, hip and knee replacement and cataract surgery — where governments had established evidence-based benchmarks; substantial reductions in wait times are now a result. Nevertheless, more work needs to be done to correlate health care outcomes with contributing factors to positive or negative results.

Human resources for health, the backbone of a patient-centred system; is it stronger?

In the "2004 ten-year plan", shortages of certain health care professionals in some parts of the country were recognized as contributing to wait time and access issues[15]. Action plans to ensure an adequate supply and mix of health care professionals were accelerated to assess gaps and provide remedies. What`s been accomplished?

> Despite numerous HRH research and planning efforts by governments and stakeholders, maintenance of a stable and sufficient pan-Canadian health-care provider workforce has proven an elusive goal.

Canada has slipped in the effectiveness of service delivery. Effectiveness is affected by resource allocations and exposure to competent providers and processes[16]. The staged implementation of home care services, expanded primary family and community care and access to care in the "North", is rooted in a well educated and trained complement of health care professionals practicing across the continuum of health care. This also includes professionals in prevention, promotion and public health.

In 2009 the Royal College presented its findings on human resources for health (HRH) issues and recommendations in a brief to the House of Commons Standing Committee on Health (HESA) titled: *An essential part of a sustainable, accessible and responsive health-care system*[17]. Notably evidenced, there have been pan-Canadian HRH initiatives by health professions, governments and non-governmental organizations that have documented the continued competition between jurisdictions for health care providers. The findings: continued public frustration with wait times, uncoordinated care and finding appropriate providers.

As far back as 1999, *Task Force Two*, a coalition of stakeholders representing Canada's medical community and governments set out to develop a long-term, pan-Canadian human resource strategy for physicians (and other providers) — taking into account the broad perspectives of HRH initiatives underway at the time. In 2006 Task Force Two released a report, *A physician human resource strategy for Canada*[18] that articulated long-term direction for five key aspects of human resources for health:

- Education and training of physicians and other health care providers throughout their professional lifecycle must correlate with the needs of Canada's diverse populations.

- Interprofessional collaborative practice must have clearly defined and valued roles for physicians and other health care providers. (One of the ways the College of Family Physicians of Canada[19] identifies a strong patient-centred primary care setting is through coordinated, continuous and comprehensive access to an interprofessional team — a common HRH thread echoed in leading practices).

- A pan-Canadian approach is required for ongoing human resources planning for physicians and other health care providers; this approach must include needs-based factors and must incorporate a coherent and comprehensive recruitment and retention strategy. (The Health Action Lobby[20] recommends that the federal government seed the creation of a *National Health Human Resource Infrastructure Fund* to support health professionals in delivering new models of health care and interprofessional practice and integrating research and innovation effectively and appropriately into health practice).

- Complementary regulatory decisions must support both patient-centred practice and provider mobility.

- Infrastructure and technology must ensure that effective and efficient system delivery and interoperability are expended to assist physicians and other providers to deliver quality health care at all practice sites and points of care in a timely manner.

These HRH directives are also paralleled in *Canada's Strategy for Patient-Oriented Research*[21]. The goals to improve health outcomes and enhance patients' health care experience relating to HRH are

- to grow Canada's capacity to attract, train and mentor health care professionals and health researchers, as well as to create sustainable career paths in patient-oriented research;

- to strengthen organizational, regulatory and financial support for clinical studies in Canada and enhance patient and clinician engagement in these studies; and

- to improve processes for the early identification of best practices, expedite their development and harmonization into guidelines for patient care and support their adoption by clinicians, caregivers and patients.

The report stresses the need for creating a collaborative, pan-Canadian process to address patient-oriented priorities and establish a leading-edge (pan-Canadian) research infrastructure along the full continuum of patient needs. The Canadian Medical Association's *Principles to Guide Health care Transformation*[22] articulates HRH solutions essential to sustaining a patient-centred experience include

> The interaction between human resources for health and patients is truly patient-centred when access to care and its quality are seen as first-rate from both sides of the fence — and at a sustainable level of delivery.

- collaborative practice models,

- pan-Canadian standards/licensure and

- flexible HRH planning to adjust for localized needs.

There have been various recommendations to the House of Commons Standing Committee on Finance[23] [24]for federal investments in a national centre to facilitate evidence-based HRH planning in Canada. Such a centre would also support the acceleration of leading-edge research and innovations into the health system through the Canadian Institutes of Health Research Strategy on Patient-Oriented Research.

Sustainability

Since the adoption of the 2004 ten-year plan, sustainability has also become a top-of-mind issue. Efficiency and effectiveness are key measures of sustainability. Achieving operational efficiency means maximizing the utility of scarce resources at hand — without waste — to achieve desired outcomes. This definition applies to human resources for health, time, money, infrastructure and material. Thus, we must question our current expenditures of some $20B dollars on preventable injuries when these monies could otherwise be applied to measures that improve and sustain the health of Canadians.

There have been various strategies around prevention and investments in primary care, to keep Canadians out of the health care system. Canada has yet to systematically pursue other opportunities to keep Canadians out of the health care system, thereby reducing the unnecessary burden on affected individuals and their families, health care and the economy more generally.

One proven strategy focuses on injury reduction; its implementation pays huge dividends in improving quality of lives and reducing financial burdens on all. Costs attributed to unintentional injuries, suicides and self-harm were $20 billion in 2004. Injuries directly affect the health and quality of life of more than one of every ten Canadians. It is estimated that a national injury prevention strategy involving collaborative injury prevention and control measures can, after two years of its implementation, save 4,000 lives, reduce injury rates by 30 per cents and cut more than six billion dollars in health care costs. In so doing, capacity within the health system would also be freed up to improve access.

Quantifying efficiency has traditionally lagged behind the measurement of health care quality and often lacks a systematic process despite its importance in evaluating sustainability[25]. More work needs to be done to correlate health care outcomes with their contributing factors but also to set national standards on health outcomes, such as injury rates. Given the unquestionable negative impact of injuries on families, society, health providers who are at the front-line of traumas and other catastrophic events , and which inevitably curtail access for other health care needs, Canada would be remiss not to pursue establishing an injury institute the likes of which has yielded many positive returns in Australia.

The Royal College acknowledges the federal government's commitment to continued investments to sustain activities in support of health innovation.

Recommendations to strengthen health care

The following recommendations are based on thorough assessments of studies and surveys investigating the state of health care in Canada against the tenets of the 2004 *10-year plan to strengthen health* care. These are in light of shoring up the foundations of the health care system: human resources for health, access, quality of care, innovation and sustainability. Details for each are provided in the summary section.

1. ***Invest in patient-centred medical education and training programs that support lifelong learning and continuous professional development matching the needs of Canada's diverse populations.***

2. ***Establish a pan-Canadian human resources for health observatory to improve Canada's ability to properly plan and deploy its health care workforce and meet the needs of all Canadians including underserviced communities and peoples.***

3. ***Contribute to the development of a pan-Canadian injury prevention strategy that will define measures to elevate public attention, bring broad-based resources to bear and develop concerted actions to control injury in Canada.***

Conclusion

Although Canada's current health-care system is facing enormous challenges, the Royal College believes that solutions are within reach. We must work together to reach them. Healthy Canadians, and a health workforce, are the nation's most precious resource.

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