



CANADIAN
NURSES
ASSOCIATION

Review of the 10-year plan to strengthen health care

**Brief to the Senate of Canada
Standing Committee on Social Affairs,
Science and Technology**

November 28, 2011

cna-aiic.ca

This document was prepared by the Canadian Nurses Association (CNA) in pursuit of its mission, vision and goals.

CNA is the national professional voice of registered nurses in Canada. A federation of 11 provincial and territorial nursing associations and colleges representing 143,843 registered nurses, CNA advances the practice and profession of nursing to improve health outcomes and strengthen Canada's publicly funded, not-for-profit health system.

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ISBN 978-1-55119-370-0

November 2011

Introduction

Within the context of a primary health care (PHC) framework, and against the backdrop of the social determinants of health, this brief from the Canadian Nurses Association (CNA) addresses the 2004 First Minister's 10-year plan to strengthen health care, and offers recommendations for moving forward in health-care transformation relevant to the renewal of the federal/provincial/territorial (F/P/T) health accord in 2014.

CNA views its contributions to the discussions and consultations leading up to the health accord renewal as a top priority. Foundational to CNA's positions are the following value propositions:

- Federal leadership to improve the health of our nation should foster cooperation within and among governments and with health professionals in the interests of the Canadian public.
- Stewardship and enforcement of the Canada Health Act should support the principles of PHC and universal coverage within a publicly funded, not-for-profit health-care system.
- A pan-Canadian health accountability framework that includes the establishment of quality and performance indicators comparable across jurisdictions is required to address key health system challenges and optimize health outcomes.

To optimize health outcomes for Canadians, CNA is calling on the federal government to develop and implement a pan-Canadian health accountability framework to monitor the performance of our health system. CNA believes that we can gain maximum benefit from the time and resources remaining in the current health accord by laying a solid foundation and by taking timely, appropriate action now for a patient-centred, accessible, strategic and integrated health-care system. As such, this brief offers eight recommendations in the following six priority areas:

1. Shift health system priorities.
2. Stabilize and secure the capacity of the health system through investments in health human resources (HHR).
3. Develop and implement a pan-Canadian mental health strategy.
4. Develop and implement a pan-Canadian healthy aging strategy.
5. Develop and implement a national pharmaceutical strategy.
6. Accelerate the implementation of electronic health records.

Emphasizing action in these six areas will support healthy public policy and funding arrangements that will drive an integrated approach to health care across the continuum of care, ultimately improving the delivery of patient-centred care and enhancing access to interprofessional collaborative teams.

CNA's recommendations to strengthen health care and improve the health of Canadians

- #1 That the federal government target investments in integrated national strategies to meet the health and social challenges associated with health promotion and chronic disease prevention and management.
- #2 That the federal government accelerate investments in primary care reform, with a particular focus on access to community-based services and expanding implementation of interprofessional collaborative teams.
- #3 That the federal government strengthen the capacity of the health system through investments in Canada's health human resources that enables population health needs to be met.
- #4 That the federal government lead the creation of a national unique identifier for all Canadian health professionals.

- #5 That the federal government invest in the implementation of an integrated strategy to provide comprehensive care for all Canadians experiencing and affected by mental illness, including innovative and seamless interprofessional models of primary mental health care that are sensitive to the lived experience and realities of Canadians and their families.
- #6 That the federal government lead the development of a national strategy on aging and health that focuses on the broad theme of “aging in place” from infancy to old age, and supports human health by addressing the broad range of factors that impact the health of seniors.
- #7 That the federal government step up the implementation of a national pharmaceutical strategy that at minimum includes:
 - (a) a comprehensive and universal national pharmacare program featuring first-dollar coverage. Standardized income-based catastrophic coverage across Canada is essential to ensuring access to prescribed drugs based on need, not on ability to pay;
 - (b) a national drug safety and effectiveness agency that gives Health Canada the legislative authority to require post-market clinical studies and to levy fines on manufacturers or withdraw products if conditions are not met; and
 - (c) a national drug formulary and joint purchasing strategy to be created at the next First Ministers’ meeting. A single-payer system could help contain costs through leveraged bulk purchasing power and by reducing administrative duplication across the system.
- #8 That the federal government accelerate the implementation of electronic health records across the health system, with a focus on primary care settings.

Background

When the 10-year plan to strengthen health care was announced in 2004, First Ministers noted that a “deep and broad consensus [had] emerged on a shared agenda for renewal of health care in Canada” — with a particular focus on wait times and “timely access to quality care” (Health Canada [HC], 2004, para. 1). To improve that access, they outlined the need for strategic investments in areas such as the supply of HHR, “effective community based services, including home care; a pharmaceuticals strategy; effective health promotion and disease prevention, and adequate financial resources” (HC, 2004, para. 3). The accord resulted in an additional \$41.3 billion in funding from the federal government to the provinces and territories for the period 2004-2014 to support implementation of the plan (Library of Parliament, 2011). The plan encompasses work in the following 10 areas:

- reducing wait times and improving access;
- strategic HHR action plans;
- home care;
- primary care reform (including EHRs and telehealth);
- access to care in the north;
- national pharmaceuticals strategy;
- prevention, promotion and public health;
- health innovation;
- accountability and reporting to citizens; and
- dispute avoidance and resolution.

In the final phase of the plan, Canadians need and expect the federal government to demonstrate stewardship, leadership and accountability and to work cooperatively with provincial and territorial counterparts and health professionals — like registered nurses (RN) and nurse practitioners (NP).

CNA's recommendations support the need for a health accountability framework that underscores key health systems targets and indicators for achieving the best possible health outcomes for Canadians.

Moving forward on commitments to strengthen health care

The clear commitment to the principles of the *Canada Health Act* in the original development of the 10-year plan to strengthen health care, along with the principles of PHC, should continue to guide action on the implementation of the existing plan before it expires in 2014.

CNA is working to encourage federal, provincial and territorial governments to commit to the development of a new health accord that includes increased investments to support comprehensive PHC as a policy and practice imperative in Canada. The lead up to the next health accord provides an opportunity to move forward with a coherent national vision for a modern and responsive health system that is designed to meet the future needs of Canada's changing population.

CNA continues to be an active leader in promoting the need for policies and practices that emphasize a comprehensive approach to PHC in Canada and around the world (Canadian Nurses Association, 2002, 2003, 2005). In May 2011, CNA launched a National Expert Commission entitled *The Health of Our Nation — The Future of Our Health System*. Framed by the Institute for Healthcare Improvement's Triple Aim framework of better health, better care and better value, the Commission will recommend ways in which the system can be transformed to put people and families first, with a renewed focus on quality care in both community and institutional settings.

The following results are from a recent poll conducted for CNA and the Canadian Medical Association [emphasis added]:

- “90% of Canadians believe that changes to the system must build on the five principles of the Canada Health Act — universality, accessibility, portability, comprehensiveness, and publicly administered. But Canadians also feel the Act should go **beyond hospital and physician services**, with 86% agreeing that these principles should apply to other aspects of health care such as **prescription drugs, home care, and physiotherapy.**”
- 91% agree that “Canada’s health care system is in **need of transformation** to better meet the needs of all Canadians.”
- 89% of Canadians “believe the **federal government should play a leading role** in health care transformation.”
- 92% “agreed that a **First Ministers meeting** to deal with the challenges of the health care system should be called as soon as possible.”

(Ipsos Reid, 2011)

Value propositions

- Federal leadership to improve the health of our nation should foster cooperation within and among governments and with health professionals in the interests of the Canadian public.

Responsibility lies with all levels of government to ensure good value for money and a sustained health-care system that meets the current and future needs of Canadians. Collaborative action should focus on: (1) improving health equity and health outcomes; (2) ensuring capacity (including HHR), efficiency and quality performance across the system; and (3) intergovernmental and intersectoral collaborative strategies that emphasize the principles of social justice and health equity and recognize the significant role of social and environmental determinants in shaping health at the individual, community and population levels.

- Stewardship and enforcement of the *Canada Health Act* should support the principles of PHC and universal coverage within a publicly funded, not-for-profit health-care system.

Medicare is sustainable. However, the increasing levels of chronic disease, congested emergency departments, and shortages of long-term care beds and home care capacity — along with rising costs of prescription drugs — are all symptoms of a health system that desperately needs rebalancing. Canadians need leadership and investments in public health programs, community-based services and primary care. Governments and health system administrators need to think and act differently to expand the implementation of new approaches such as publicly funded, not-for-profit mobile health clinics; after-hours services; home visits; and community outreach programs.

- A pan-Canadian health accountability framework that includes the establishment of quality and performance indicators comparable across jurisdictions is required to address key health system challenges and optimize health outcomes.

Governments must demonstrate accountability when setting priorities and making decisions regarding public health policy and resource allocation/provision of health services. Clear targets and high-quality indicators that measure improvements in population health and system performance are being developed but are currently limited with respect to comparability across provinces and territories. To effectively plan, monitor and evaluate the impact of programs and policies requires access to robust data such as disease distribution statistics across populations and health-service usage. HHR planning, for example, should be based on health-care provider availability and projections of population health needs.

Priority areas for action

1. Shift health system priorities

- Even though the World Health Organization, in 1978, adopted a PHC approach as the basis for effective **health care service delivery** (World Health Organization [WHO], 1978), publicly funded health-care services in Canada remain largely restricted to physician visits and hospital-based, illness-focused acute care — rather than delivery models that support patient-centred care.

A comprehensive PHC approach is community-based, promotes healthy lifestyles as pathways to disease and injury prevention, and recognizes the importance of the broad determinants of health. PHC reduces pressure on crowded emergency departments, hospitals and operating rooms; maximizes existing resources; and ultimately leads to a healthier and more productive population.

- The 2004 health accord committed to reducing **wait times** in five areas: cancer care, hip/knee replacement surgery, sight restoration, cardiac surgery and diagnostic imaging (Health Canada, 2004). The plan focuses on a narrow range of medical services and has thus far done little to address pressures in the wider health system or to attack root causes of problems. Focusing resources in one part of the system contributes to bottlenecks, fragmentation and reduced responsiveness in other parts.

A better approach would see the expansion of interprofessional models in which all team members are contributing to their fullest capacity, thus reducing wait times and improving access to the most appropriate health-care provider, at the right time and in the right place.

Creative Models of Care

Ontario has created a variety of primary care models that offer physician remuneration approaches that differ from traditional fee-for-service practices (HealthForceOntario, 2010). These include family health organizations, family health networks, family health teams (FHTs), community health centres (CHC), a rural and northern group funding plan, NP-led clinics and a comprehensive care model.

Many are characterized by blended payment arrangements, contractual requirements to provide a defined set of services, patient enrolment (or rostering) and, in some cases, incentives and bonuses. The Ontario government is concentrating on expanding the FHT and CHC models, which are explicitly interdisciplinary.

The burden of **chronic disease** across the system is growing and emergency departments and hospitals often carry that burden unnecessarily for health conditions that could be managed in the community. Failing to prevent and manage chronic disease drives up health-care costs (e.g., increased spending on pharmaceuticals); results in longer wait times for access to specialty services, diagnostics and surgical procedures; and creates an overreliance on emergency services and acute care.

Chronic disease is most effectively managed at the primary care level using community-based models that emphasize interprofessional, collaborative teams. Community health centres and family health teams, for example, fully harness the expertise of health professionals and thus provide timely access to care.

Policies and funding arrangements overemphasize illness care at the expense of health and wellness care.

Investing in health promotion and disease prevention should form the cornerstone of optimizing the health and wellness of Canadians throughout their lifespan. PHC places Canadians and health at the centre of the health-care system. Screening, early detection, diagnosis and intervention result in a healthier, more productive population and ease pressures in acute care delivery models.

The 10-year plan recognizes the need to increase the supply of doctors, nurses, pharmacists and other health professionals, and commits to accelerating work on HHR action plans and initiatives to ensure an adequate supply and appropriate mix of resources. While the federal government has taken steps in this area, many challenges remain to creating and deploying interprofessional collaborative health-care teams.

PHC remains a policy and practice imperative for RNs in Canada. A transformed health-care system recognizes RNs, NPs and other health professionals as entry points to the system — one that increases access to home and community care, improves chronic disease prevention and management, and helps families care for ailing loved ones. RNs provide health education, coaching and health promotion strategies across the continuum of care. Informed decisions regarding appropriate utilization and deployment of HHR must be based on the needs of the population and the competencies of the provider to ensure patient safety and high-quality health outcomes.

A problematic and persistent barrier to interprofessional collaborative teams in Canada

Many medical colleges and associations have not fully embraced evidence-based approaches to managing access to primary care. While policy-makers, opinion leaders and non-physician professional groups in health care have been calling for alternative care delivery such as scheduling mechanisms and compensation models, the medical community has been slow to respond.

A number of medical associations continue to demand and receive remuneration through traditional fee-for-service models, although physician preferences are evolving, with a growing number becoming more interested in alternative payment models (Canadian Health Services Research Foundation, 2010). Blended fee schedules that reward performance and encourage interprofessional collaborative practice would be useful and are currently being explored or implemented in certain jurisdictions.

Further, many physician organizations continue to advocate for a health system that is predominantly focused on illness care and medical leadership. These positions demonstrate preference for professional protectionism over the interests of Canadians and can be viewed as a direct conflict of interest. This may perpetuate systemic barriers to realizing patient preferences for a holistic approach to health care, including enhanced efficiencies through continuity of care.

Interprofessional Collaborative Teamwork

This example demonstrates how interprofessional collaborative teams can improve health and system efficiency:

In Alberta, RNs, NPs, physicians and pharmacists are taking an integrated and collaborative approach to address medical, social, lifestyle and other factors that affect health outcomes. At the Complex Chronic Disease Clinic in Calgary, Alberta, an interprofessional team reduced the total number of hospital admissions by 60% and the total length of stay by 90% since 2008 when the clinic opened (Alberta Health Services, 2011).

Recommendation #1: That the federal government target investments in integrated national strategies to meet the health and social challenges associated with health promotion and chronic disease prevention and management.

Recommendation #2: That the federal government accelerate investments in primary care reform, with a particular focus on access to community-based services and expanding implementation of interprofessional collaborative teams.

2. Stabilize and secure the capacity of the health system through investments in HHR

Any health system is first a human endeavour, and Canada's HHR is the heart that keeps the rest of the system beating. But that heart has grown weary as demands for services relentlessly outstrip supply — with shortages, fatigue, human errors and mismatched deployment occurring throughout the system.

Yet, care teams have been implemented in some jurisdictions, and the number of practitioners overall is increasing. For example, from 2005 to 2009, the number of working RNs rose by 6% (Canadian Institute for Health Information [CIHI], 2010d) and the number of physicians by 10.5% (CIHI, 2010e). But where and how these health-care professionals are deployed, and whether they collaborate effectively to meet population health demands, is not clear. And no overarching structure exists to oversee these vexing challenges in a country with 14 health systems across six time zones, a highly skewed population distribution, and 34 million potential users. We need to ensure the capacity of the health system by stabilizing and securing Canada's HHRs.

One foundational building block for HHR planning and management is the national unique identifier (NUI) for health professionals. Introducing the NUI is a cost-effective, long-term intervention identified within Health Canada's 2007 *Framework for Collaborative Pan-Canadian Health Human Resource Planning*. However, an NUI system has yet to be introduced. A 2010 feasibility study for the Canadian Institute for Health Information (CIHI) showed that the implementation of an NUI for nine professions would incur a modest start-up cost of \$17.27 million over three years and a subsequent annual operating cost of \$5.18 million (CIHI, 2010c). Such an investment would provide governments and regional health authorities with information they need to monitor trends that can influence workforce stability, distribution of health-care practitioners, correlation between area of practice and retirement age, movement in and out of the professions and mobility across jurisdictions.

Further, the priority of securing a stable supply of health-care providers has never been greater, given the potential threats related to recent health insurance policy shifts in the U.S. — where an additional 30 million Americans are expected to have access to health care (Collins, Davis, Nicholson, Rustgi & Nuzum, 2010). Canada, with its pool of highly skilled health professionals and relative proximity, will surely be viewed as a tempting source through which to meet their needs.

Recommendation #3: That the federal government strengthen the capacity of the health system through investments in Canada's health human resources that enables population health needs to be met.

Recommendation #4: That the federal government lead the creation of a national unique identifier for all Canadian health professionals.

3. Develop and implement a pan-Canadian mental health strategy

About 10% of working Canadians aged 18-54 experience mental health problems and illnesses. Depression, alcohol use and bipolar disorder are among the leading causes of disability (WHO, 2008), with 44% of Canadian seniors living in residential care homes diagnosed with or having symptoms of depression (CIHI, 2010a). Associated economic costs in terms of health-care service use, lost workdays and work disruptions are estimated to be \$51 billion a year (Mental Health Commission of Canada, 2010). In addition, there are indications that mental health service needs are not being met in the community: in 2008-2009, 11% of all Canadians hospitalized for mental

illness were readmitted more than twice within the same year, and the 30-day readmission rate was 11.4% (CIHI, 2011b). We must move toward integrating a comprehensive mental health strategy across all sectors, including making primary mental health-care teams a priority to meet the needs of individuals, families and communities.

CNA acknowledges the federal government's continued investment in the mental health and well-being of Canadians. In 2012, the Mental Health Commission of Canada will release its *Mental Health Strategy for Canada*. CNA expects to play a role in facilitating the implementation of the recommendations outlined in the strategy. The strategy's approach is community and population-based, acknowledging the pivotal role of consumers and front-line providers in implementing system change. Resources to support knowledge translation and change management opportunities will be necessary in order to normalize evidence-based practice environments across the continuum of care.

Recommendation #5: That the federal government invest in the implementation of an integrated strategy to provide comprehensive care for all Canadians experiencing and affected by mental illness, including innovative and seamless interprofessional models of primary mental health care that are sensitive to the lived experience and realities of Canadians and their families.

4. Develop and implement a pan-Canadian healthy aging strategy

Canada needs a national strategy on healthy aging that promotes active aging across the lifespan. Such a strategy is anchored in team-based care with enhanced access to primary care and community-based supports. It emphasizes chronic disease prevention and management, particularly for older, more vulnerable Canadians.

RNs are well-positioned to promote healthy aging. For example, community health nurses conduct fall prevention programs, family practice nurses are involved in chronic disease management, and gerontological nurses oversee and provide care in long-term care or residential care facilities. Other examples of promoting healthy aging include:

- Chronic disease — A promising health promotion program led by the Victorian Order of Nurses (VON) is the Seniors Maintaining Active Roles Together (SMART) program. This community-based exercise intervention is making a positive difference in the quality of life of seniors. Over 91% of VON SMART in-home participants reported improved function and more autonomy and independence (Connelly & Mersich, 2007).
- Wait times — A study at Toronto Western Hospital showed that patients who were screened by practitioner nurse practitioner (NP) in a surgical spine consultant clinic had a significantly shorter wait time: an average of 12 weeks, rather than up to 52 weeks before initial examination by a spine surgeon. The NP was able to determine which patients were appropriate surgical candidates and refer them accordingly. Of those examined by the NP, only 10% were candidates for surgery. The diagnosis provided by the NP was the same as that of the surgeon in all of the cases (Sarro, Rampersaud & Lewis, 2010).
- Mobile emergency care — During a year-long pilot project, also at Toronto Western Hospital, a team of three mobile emergency RNs responded to nearly 1,000 non-urgent calls from long-term care homes, resulting in a reduced number of transfers to emergency departments. Care was provided for 78% of the residents who would have been sent to emergency for treatment had the program not been available (Bandurchin & Bianchi, 2010). The cost of a mobile visit is 21% less than the cost of having an assessment completed in the emergency department (Hammer, 2009).

Having the capacity to deliver care in the community is a feature of an efficient health system. However, in 2008-2009, there were 92,000 hospitalizations in Canada of patients who required home and community-based care rather than acute care; 62% of these hospitalizations lasted longer than one week and 24% lasted longer than one month (CIHI, 2010b). CNA believes that a national strategy is necessary to address multi-faceted dimensions of home and community care, in particular, home-based care.

CNA urges the federal government to develop a healthy aging strategy that will allow Canadians to age with dignity and receive care in familiar surroundings, one that provides for increased investments in home and community care and tax policy interventions. The strategy should include affordable housing for older adults and financial support for family caregivers. It should support services that provide seniors with health care at home and in their communities and include a plan for expanding the number of RNs practising in the areas of home and community care. This approach will create savings across the health-care system and make the system more sustainable for generations to come.

Recommendation #6: That the federal government lead the development of a national strategy on aging and health that focuses on the broad theme of “aging in place” from infancy to old age, and supports human health by addressing the broad range of factors that impact the health of seniors.

5. Develop and implement a national pharmaceutical strategy

In the 10-year plan, First Ministers directed a ministerial task force to develop and implement a national pharmaceuticals strategy so that no Canadian would suffer undue financial hardship in accessing needed drug therapies. Although the ministers agreed that affordable access to drugs is fundamental to equitable health outcomes for all Canadians, they knew that among nations in the industrialized world with universal health-care systems, Canada stands alone in not having universal pharmacare. CNA believes that as a core element of Canada’s publicly funded, not-for-profit medicare system, all Canadians should have access to essential prescription drugs and not be denied that access because of cost.

The 2006 progress report by the ministerial task force expressed concern in three theme areas: access to drugs; safety, effectiveness and appropriate use; and system sustainability (Health Canada, 2006, Key Issues and Opportunities). While progress has been made in pockets, CNA shares concerns that Canadians continue to face a “patchwork” of access to the drugs they need.

Canadians are still waiting for the pharmaceuticals strategy to be fully implemented — and they are paying for that wait with their health. According to CIHI (2011b), Canada spent an estimated \$31.1 billion on drugs in 2010 (\$26.1 billion for prescribed drugs and \$5 billion for non-prescribed drugs), representing 16.3% of total health expenditures. While spending on drugs has increased at an average of 9.1% annually between 1985 and 2010, the rate of growth appears to be slowing as evidenced by a 4.8% increase from 2009 and 2010. Further, per capita spending on drugs increased from \$147 per Canadian in 1985 to an estimated \$912 in 2010 (CIHI, 2011b). While there exists universal and full coverage of medically necessary hospital and physician services in Canada, Canadians continue to be confronted by a system characterized by the absence of universal coverage of prescribed drugs by public insurance. This is in contrast to other OECD countries, where the entire population usually has coverage for prescribed drugs through public insurance (CIHI, 2011b).

Access to prescription drugs is vital: when used properly, they can prevent serious disease, reduce hospital stays, replace surgical treatments, improve comfort and improve Canadians’ capacity to function productively. Canada’s system of subsidizing private insurance programs is regressive and disproportionately favours workers who are able to pay for private health insurance — but 24% of Canadians are without insured pharmaceutical coverage (Gagnon & Hébert, 2011). Partly as a result, the Health Council of Canada tells us that in 2009, one in 10 Canadians reported not filling a prescription or skipping a dose because of cost (Health Council of Canada, 2010).

Since 1997, drugs have accounted for the second-largest share — after hospitals — among major categories of health expenditures (Health Council of Canada, 2011). CIHI suggests that a myriad of interrelated factors drive drug expenditures — but given relatively stable price indices, “factors affecting increased drug spending in Canada essentially relate to the volume of drug use and the entry of new drugs (typically introduced to the market at higher prices)” (CIHI, 2011, p. 33).

The Canadian Centre for Policy Alternatives reports that if a national pharmacare strategy were to be implemented in Canada, federal and provincial governments can reduce current spending on prescription drug coverage by up to 43%, or \$10.7 billion (Gagnon & Hébert, 2011). The following recommendations address the need to move for improvements in patient safety and universal access to pharmaceutical, and the realization of efficiency gains and lower costs for Canadians.

Recommendation #7: That the federal government lead the implementation of a national pharmaceutical strategy that at minimum includes:

- (a) a comprehensive and universal national pharmacare program featuring first-dollar coverage. Standardized income-based catastrophic coverage across Canada is essential to ensuring access to prescribed drugs based on need, not on ability to pay;
- (b) a national drug safety and effectiveness agency that gives Health Canada the legislative authority to require post-market clinical studies and to levy fines on manufacturers or withdraw products if conditions are not met; and
- (c) a national drug formulary and joint purchasing strategy to be created at the next First Ministers' meeting. A single-payer system could help contain costs through leveraged bulk purchasing power and by reducing administrative duplication across the system.

6. Accelerate implementation of electronic health records

Wide use of EHRs is another key to health system renewal. CNA believes that high-quality, complete information through the use of EHRs will enable primary care reform and allow practitioners to better communicate and coordinate care for their patients. Patients will benefit through increased participation in their own care and better access to personal and protected health information. EHRs will also:

- improve management of chronic illness;
- improve access to care in remote and rural communities;
- reduce adverse drug events;
- improve prescribing practices;
- reduce repeated or unnecessary diagnostic tests; and
- reduce wait times.

Despite such clear benefits, progress has not been sufficient. While investments to date have resulted in progress, uptake of EHRs remains slower than expected (Health Council of Canada, 2011).

Recommendation #8: That the federal government accelerate the implementation of electronic health records across the health system, with a focus on primary care settings.

Conclusion

The 10-year plan to strengthen health care has made important strides in such areas as reducing wait times for some surgical procedures, and has been the impetus for broader implementation of new roles and team delivery of services. These achievements are to be lauded. But they are small steps that chip away at major, systemic problems in human health and service delivery.

In the final two years of the plan, Canadians need and expect leadership and accountability from the federal government as its representatives work with provincial and territorial counterparts and health professionals such as RNs and NPs in the interest of the health of Canadians.

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