

# **OPTIMIZING THE HEALTH OF THE HEALTH SYSTEM**

Brief to the Commission on the  
Future of Health Care in Canada

October 2001



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**CANADIAN NURSES ASSOCIATION  
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA**

## **EXECUTIVE SUMMARY**

The Canadian Nurses Association is a federation of provincial and territorial nursing associations and affiliated organizations of specialty nurses. It represents over 113,000 nurses working throughout Canada.

This brief was developed based on direction received from CNA's membership. It offers a framework for the future of the health system in Canada. The brief makes recommendations related to both the supply and demand sides of the system. It has three essential messages:

1. CNA believes a national, publicly-funded health care system will best protect the health of Canadians;
2. CNA believes the success of the health system is critically dependent on sustaining the health workforce; and
3. CNA recommends that the health care system be rebuilt using the principles of the Primary Health Care approach developed by the World Health Organization.

## **I. INTRODUCTION**

The Canadian Nurses Association is pleased to respond to the invitation of the Commission on the Future of Health Care in Canada to submit a brief on behalf of the registered nurses of Canada.

We first offer a synopsis, from the perspective of nursing, of Canada's current health system. The brief then presents the CNA's recommended approaches to the four themes proposed by the Commission: Canadian values, sustainability, managing change and cooperative mechanisms. The concluding section regroups the recommendations made throughout the document.

CNA believes the implementation of these recommendations will ensure the national health care system is an asset to Canada and Canadians.

## **II. HEALTH CARE IN CANADA: WHERE WE ARE NOW**

CNA is on record as supporting publicly funded health care. It opposes privatization and has advocated, through activities with the Health Action Lobby (HEAL), to sustain Medicare in Canada. When Canadian nurses travel throughout the world, they frequently encounter a belief that Canada has an enviable system of health care.

From CNA's perspective, the health system faces several important challenges.

### **Outmoded Roles and Structures**

CNA has consistently pointed to the lack of options in terms of "points of entry" to the present health system. In its brief to the Health Services Review in 1979, CNA addressed the efficiency and cost-effectiveness of implementing alternative organizational arrangements and re-allocating functions among medical and other health professionals and allied health workers. The majority of nurses continue to work in institutions where their autonomy is limited by decision-making processes defined by profession, rather than by knowledge, skills and competencies. This does not create the best environment for high quality of care. Nor does it maximize health outcomes – the measurable impact on people's health as a result of any kind of care or intervention.

### **Lack of Preventive Care**

CNA, along with other members of the health community, has identified the shortcomings of the current system with regard to inadequate investments in health promotion and preventive care. It has advocated the need to adopt the principles of the primary health care as defined by the World Health Organization, as a basis for Canada's health system.

## **Critical Shortage of Nurses**

CNA identified, in 1997, a growing shortage of nurses that is projected to rise to more than 100,000 by 2011. The concern is well described in *Commitment and Care: The benefits of a healthy workplace for nurses, their patients and the system*, a 2001 report from the Canadian Health Services Research Foundation:

*“No one questions that there is a nursing shortage. Governments, nursing associations and individual organizations are all struggling to sustain patient care. To succeed, they will have to go beyond recruitment campaigns. Nursing today offers limited benefits and many challenges; if it’s to remain a viable profession, its status must be enhanced and the welfare of nurses promoted. Nurses are important human capital and it is crucial to invest in their well-being because the welfare of patients ultimately depends on the excellence of their work.”*

Yet keeping people in this critical profession is increasingly difficult due to:

- inadequate support for continuing education and development;
- insufficient recognition of nursing knowledge and skills;
- instability of positions (casualization);
- lack of career opportunities; and
- workplace policies that often ignore quality of life and the need to balance work and private life.

These same issues are echoed in documents such as the Nursing Strategy for Canada, approved by federal/provincial/territorial health ministers in October 2000.

## **Lack of Comprehensiveness**

The effectiveness of the current health system is undermined by the absence of a national home care program and the lack of a universal program to support pharmaceutical care.

### **Poor Policy Integration**

Further, CNA, through its work with HEAL and with the National Children's Alliance, has identified the need to integrate health policy and health services with other social policy initiatives and with the economic agenda.

### **Inconsistent Services**

Since the 1970s, CNA has consistently noted differences in the quality and quantity of health services available. It has pointed to three barriers to addressing these differences: instability of financing, lack of accountability for block funding arrangements and fee-for-service compensation for some providers. Reforms such as regionalization may have added to the differences in comprehensive care as regions, independently, make decisions about what services they are prepared to offer.

Canadians should consider the serious pressures on the health system in the 21<sup>st</sup> century both in relation to our historical legacy – “it's always been done this way” – and in relation to the wider, national and international context of foreign investment in domestic health care systems.

We are now paying for past, and continuing, errors:

- our failure to develop a comprehensive system of care;
- our failure to rebuild, re-energize and renew our system;
- our failure to change traditional practices;
- our failure to move to primary health care; and
- our failure to best utilize all health professionals.

The CNA firmly believes all of these failures can be rectified.

### **III. HEALTH CARE IN CANADA: WHERE SHOULD WE BE GOING?**

#### **A. Canadian Values**

In its 1997 report, the National Forum on Health concluded that Canadians value their publicly-funded health system and continue to find the five conditions codified in the Canada Health Act, (accessibility, universality, comprehensiveness, portability and public administration) both relevant and worth maintaining. Subsequent surveys and studies have confirmed these findings, emphasizing Canadians' particular concern for the universality and accessibility of the system – their concern that people of limited means not be disadvantaged or that superior service be available only to those who can afford to pay for it.

In fact, there is a general public consensus that the Canadian health care system is an accomplishment in which we can all take pride, a part of our Canadian identity.

The key to consensus about what our health system must be is the degree to which any approach to providing care is – and is perceived to be – just. CNA believes the health system must be structured on an ethical base, not solely on one responding to the forces of the “marketplace.” Simply put, CNA believes Canadians want a health system that is fair and from the perspective of nursing, neither the present system, nor many of the options being proposed for the future, fully meets that criterion.

In light of this, CNA believes any proposals for improving the system must be subjected to analysis from both economic and ethical perspectives.

CNA proposes, therefore, the following framework of goals for the Canadian health system. In our view, the system must:

- offer universal access to an adequate level of care;
- not impose excessive burdens on its users;

- embody a fair distribution of the costs of accessing the system and the burdens of rationing care; and
- be capable of reform and improvement towards a perfectly just system.

This would mean that every Canadian could expect equal access to a decent minimum of health care, in keeping with community resources. The debate now must centre on what constitutes a “decent minimum” – a debate in which Canadians must become fully engaged.

Similarly, we must all engage in the consideration of how to address the issue of excessive burdens – the obstacles to utilizing services – including such barriers as income, waiting periods, class, gender, culture and geography. None of these should affect access in a fair system. And in this connection, since disease and disability are also effective obstructions to access, we believe programs promoting health and preventing illness should be high priorities in a just system.

Considering the questions of cost distribution and rationing care, we believe the costs of ensuring access to adequate care must be fairly distributed among the population. Strategies that download the cost of health care to the individual would certainly result in some individuals bearing a greater share of the cost, an eventuality that is not in keeping with the principles of justice we believe must be embodied in the system.

The final element of our proposed framework recognizes that the system is not perfect. Our belief is that improving the system will entail taking a hard look at the ways we have operated in the past and creating an improved system that has the inherent flexibility to adapt to new technologies and philosophies of care.

## **B. Sustainability**

The health system in Canada is under considerable stress as a result of financial cutbacks, workforce deficits – the lack of sufficient workers and/or appropriate skills – and changing demographics such as aging and cultural diversity. These stresses create increased tensions between supply and demand – supply of health care providers and demand for health services.

They contribute, as well, to the erection of geographic barriers, a challenge of assuring both basic and specialized care in rural and remote parts of the country.

What is not so obvious, however, is the more subtle issue of the inflexibility of the system. Nurses' experience in the health system is, like other sectors, both blessed and cursed by evolving knowledge and new technological discoveries. But, too often, the system seems incapable of properly integrating the new with the old. The result is that innovations, both intellectual and technical, end up being superimposed on the status quo, rather than displacing it. That results, in turn, in a health system whose costs are increasing and whose financial wherewithal is focused on services offered in hospitals and physicians offices, but whose intellectual capacity supports and promotes community and home-based care, as well as self-care.

Another important aspect of sustainability is the fact that the quality of the country's health care system has significant and far-reaching effects on its economic viability.

First, and perhaps most obviously, the productivity of the Canadian workforce is directly linked to the physical and mental health of its workers. In the absence of a robust system of health services, absenteeism and disability rates increase while productivity levels decline. This point was made recently by the chair of the TD Bank, who described the publicly funded health system as a great competitive advantage for Canada. Reliable and comprehensive health care services are an important factor in enticing businesses to locate in this country and in supporting those businesses' recruitment efforts of foreign nationals.

Second, the economic development role of the health system is also relevant within the country. The sustainability of rural and remote communities is linked to the location of health care facilities, both as employers and as service providers. Decisions about the future of the health system and of health facilities need take account of their various roles and contributions. This is particularly true for decisions about financing.



The National Forum on Health recommended that the health system be flexible enough to evolve with the changing health needs of Canadians. CNA agrees. While it is important to recognize the achievements of curative programs and facilities, it is time to acknowledge the effectiveness and relevance of other modes of care within publicly funded health services. As the forum's recommendation suggests, defining the structure of the system and its components must be a continuous and iterative process. For example, structures they will change based on achievement of a national health objective. They will change as a result of research findings and the evaluation of clinical practice. As well, they will change to address population health trends and public health issues.

CNA's approach is not to pull the platform out from under the current system. Rather, CNA recommends that the platform be broadened and that its foundation be strengthened.

The health system platform must apply the structural and ethical frameworks proposed earlier. This means it must include "planks" related to primary healthcare, homecare, diagnostic care and treatment care, including pharmaceuticals. The underpinnings of the platform must be strengthened through investments in information infrastructure, in research and surveillance and in evaluation of national and international clinical practice. And, as a complete structure, the platform must be designed to support the achievement of national health care objectives.

CNA believes predictable and stable financing is a prerequisite for the effective planning and sustainability of the health system. Further, we believe the current financing mechanisms for the health system must be rethought. We are not suggesting the current fiscal arrangements among governments be discarded. Rather, the allocation of the taxes collected must reflect the responsibilities of the players in the system and must be supported by public accountability regimes. CNA recommends that the CHST transfers be supplemented by mechanisms to support universal access to homecare, long-term care and other programs.

CNA believes there are ways to build on the strengths of the current health system and to eliminate its weaknesses. That said, we are also aware that funding is always finite – even in an atmosphere of plenty, a decision to fund one thing may very well mean reducing or eliminating

support for something else. Thus, in setting our funding priorities, we must constantly apply the test of “best effect.”

CNA believes the sustainability of the health care system requires investment in four key areas: first, preventive care; second, programs to retain the current nursing workforce; third, expansion of the alternative “points of entry” to the system; and fourth, promotion of multi-disciplinary and intersectoral approaches to education, research and practice.

### **The Need for Preventive Care**

In economic terms, the medium and long-term sustainability of the system will be based on the investments in preventive care that are made in the short-term. CNA continues to believe that disease prevention, as well as education related to personal health practices, will reduce the need for, and consumption of, curative care.

### **Retaining the workforce**

There are some 232,400 nurses working in Canada. Nursing represents the largest single occupational group in the health workforce and it provides the majority of health care. The average age in 2000 of a working nurse in Canada was 43.3, and 28 per cent of nurses are 50 or older. As is the case in most occupations, the retirement of the baby boom generation will create a void in the nursing profession in the medium term. Unlike other occupations, however, the recruitment of new people into nursing is unable to match the rate of retirement.

Nurses, as an occupational group, have the highest rate of on-the-job injuries in Canada. Nurses lose an average of 15.5 days a year to workplace injury and illness. In addition, the job opportunities for those considering a nursing career are limited: 41 per cent of nurses do not have full-time jobs. Further, career advancement opportunities for nurses have been seriously limited because of the disappearance of senior nursing positions over the last decade of financial cutbacks. In April 2000, the Fyke Commission in Saskatchewan concluded:

*“...one of the biggest challenges facing Medicare is the poor morale among staff. These problems are not universal, and there are undoubtedly some dynamic, adaptive*

*organizations that create excellent work environments, despite the stresses of contemporary health care. Nevertheless, many staff members are faced with heavy workloads and overtime, and are consequently less inclined to see the health care sector as an interesting, rewarding, and valuable place to work. Students may be less attracted to a career in health care due to the perceived pressures and the wider range of career options available these days.”*

These findings imply an urgent need to improve the quality of workplace life for all health professionals, including nurses.

CNA sees solutions to this issue through investments in:

- technological supports needed to electronically deliver nursing education and continuing education;
- development of electronic testing capacity for certification exams;
- identification, updating, and dissemination of national standards of practice;
- training and development of nursing leaders and senior decision-makers;
- improving working conditions, supporting employers to provide continuing education, mentoring and work-life balance policies;
- creation of an award program to recognize employers who implement programs promoting nursing excellence; and
- expansion of the accreditation program in acute care facilities to track and report on indicators related to working conditions.

There has been a reduction of over 50 per cent – from 10,000 to 5,000 – in the annual number of graduates from nursing schools over the last 10 years. Of those who graduate, three of 10 depart the nursing profession and the country within five years of graduation. Accordingly, there is a pressing need to double the number of nursing graduates each year and to retain these graduates in the Canadian workplace.

CNA recommends that the federal government facilitate recruitment of new nurses by reducing tuition costs for students. In the United Kingdom, tuition costs have been eliminated. CNA believes Canada should consider adopting a similar approach. In the short-term, CNA recommends that bursaries be made available to nursing students to cover 50 per cent of their annual tuition costs. In addition, CNA recommends that the federal government enhance the capacity of universities to educate nursing students, generally, and more specifically, that assistance be provided to rebuild the research and academic components of the profession.

In this context, however, it must be observed that people will not pursue a nursing education if they perceive that what awaits them upon graduation isn't worth striving for: part time jobs, low pay, poor working conditions and so on. Unless we successfully address these issues, increasing expenditures on nursing education will be less than productive.

### **Creating More “Points of Entry”**

With regard to alternative points of entry, the analysis CNA offered in 1979 to the Health Services Review is still valid. It suggested cost-effectiveness criteria were not met by placing the emphasis on the physician as the gateway to the health system. CNA proposed that the public be encouraged and supported in accessing illness and wellness services through a variety of health care providers. Our association pointed to the important role nurses play in occupational health settings, health maintenance for the elderly, maternal care and childcare, long-term care facilities and public health services. Our brief to the Health Services Review cited research that confirmed the positive health outcomes and the cost-effectiveness of these roles. Since that time, research and pilot projects sponsored by various governments have demonstrated the viability and desirability of recognizing nurses and other providers as entry points to the health system. This would require changing the current legislative frameworks governing the scope of professional activity.

### **Multi-Disciplinary Approaches**

The third key to sustainability is multi-disciplinary and intersectoral approaches to research, education and practice. CNA applauds the federal government's initiative in defining

intersectoral approaches as the focus of the recently created Canadian Institute for Health Research. We recommend that similar direction be given to education programs for health care providers. CNA's recent project experience working with Health Canada, the College of Family Physicians, the Canadian Association of University Schools of Nursing and the Canadian Medical Colleges, as well as various academic and community centers across the country, indicates there are opportunities to bring together, in common classes, students from various disciplines. The benefits in the short-term include cost savings and synergy of knowledge and skills. In the longer term, these joint-learning opportunities may be expected to facilitate partnerships in the delivery of health services.

### **C. Managing Change**

Professor Jan Storch of the nursing faculty at the University of Victoria has written extensively on this issue. Some excerpts from her 1998 work "The Canadian Health Care System and Canadian Nurses" underline the concern about the status quo and the impact of change:

*"Many health care policy experts agree that fundamental health care system problems have either not been addressed or have been dealt with at the margin only, often by throwing money at them. Leatt, Pink and Guerriere... note that 'in comparison to other countries, Canada has a relatively static healthcare system. Many providers are organized and paid in the same ways as when medicare was implemented in the 1960s.'*

*Many policy makers past and present have identified concerns and offered worthwhile suggestions. These suggestions, and more significantly their acceptance, appear to be constrained by the status quo of health care. There is a pressing need to think outside that box: to question whose interests are being served in keeping the system relatively unchanged since the 1960s; to ask what effect free trade has had on maintaining a system characterized by an emphasis on technology; to query what effect ideologies of individualism and*

*egalitarianism have had on our ability to see the socioeconomic barriers that prevent clients from taking personal responsibility for their health.”*

The 1999 study “Understanding Canada’s Health Care Costs” was commissioned by the provincial and territorial ministers of health to identify the cost drivers in the health system. The study pointed to technology; pharmaceuticals, population demographics, globalization and the health workforce. Two questions arise: first, can those drivers be managed? And second, will that management change the system? CNA believes they can, but we are also convinced that attempting to do so using purely fiscal means is shortsighted and, ultimately, will not work.

Our position is that change must be managed by assessing services against results, in the form of measurable population health outcomes. We believe approaches offering positive outcomes in the medium term should be supported; and those that do not should be modified or abandoned.

Further, CNA believes the health system will, and must, continue to evolve as a result of new knowledge and changes in the health of the population. Managing change will be, therefore, a constant obligation for those responsible for planning financing, evaluating the health system and delivering services. The breadth of the system and the diversity of functions mean there is a plethora of managers. The inter-dependence and linkages among the functions and services require communication among the various managers in the system. This, in turn, requires that the roles of each be separate and distinct. CNA points to the work of HEAL in defining 10 roles for the federal government in health.

1. Leadership in the development of a national vision for the health system linked to the country's social and economic policy agenda.
2. Facilitating partnership among other governments and with health stakeholders, toward the implementation of that vision.
3. Providing adequate, long-term funding to support the efforts of the partners in implementing the vision.
4. Facilitating the development of a national research agenda for health and integrating the

efforts of the private sector, academia and governments. The research agenda must promote interdisciplinary analysis of health issues and needs.

5. Designing and managing surveillance and data collection on a national basis, related to public health, population health and the health system. Decisions about health issues and about health care interventions and strategies, to be effective, must be based on the best available knowledge, including longitudinal data.
6. Ensuring access to accumulated scientific knowledge by disseminating research results and data analysis.
7. Developing national goals for health and for the health system.
8. Defining and enforcing health protection standards that minimize and eliminate harm and risk from foods, products, medical devices, environmental conditions and toxic substances.
9. Assessing the future supply of, and demand for, health human resources in Canada. This assessment provides the basis for working with provincial governments and with health organizations, to develop and review an integrated human resource strategy for the health workforce.
10. Developing information on wellness and education programs to reduce the demand, or the need, for health care as well as facilitating information accessibility for individuals and communities. Specifically, the federal government should lead the identification of health issues, which could be addressed in part through health promotion programs.

CNA believes provincial governments must lead the development and monitoring of standards for delivery of health services. This would include ensuring adequate “points of entry” into the health system. Further, CNA believes regional and local governments have a lead role in decisions around staffing, location and equipping facilities in their communities in order to meet the provincial delivery standards. Finally, CNA believes the three roles of professional associations (defining professional competencies; licensing and enforcement; and defining education and continuing education programs) must be recognized as key elements in the management and development of the health care system.

CNA recommends that the roles of each of the stakeholders in the health policy field be clarified. The clarity of roles will, from CNA's perspective, reduce duplication and increase efficiencies in the system.

#### **D. Cooperative Mechanisms**

Improving health care in Canada demands that the stakeholders in the system have clearly defined roles and responsibilities, that they work together toward common goals and that the system's "culture" and structure accommodate and encourage innovation.

CNA recognizes the crucial need to find the right balance between responding to Canadians' expectations of their health system and our collective ability to pay for those expectations. CNA recognizes, too, that the policy objectives of various governments do not always coincide in terms of timing or direction. However, we believe the idea that any government should be free to run its health system independently of other governments is not meaningful in an era of global trade in food, globalization of disease and long-range transport of airborne pollutants.

CNA believes that mechanisms linking governments – national, provincial, regional – with health experts and consumers are key to maintaining the relevance and responsiveness of the system. Further, we believe Canada must look beyond its borders for research results, best practices and surveillance information that can improve our health system and give early warning of emerging trends the system will have to address. The international community offers models and approaches that may be adaptable to the Canadian context.

The expert linkages among national governments and among national professional associations provide the basis for this exchange. Canada's participation in these information exchanges and international cooperation should be formalized to support timely decision-making.

CNA supports recommendations made previously by the Health Action Lobby (HEAL) and others to create a National Health Council to monitor the implementation of the Canada Health Act and to adjudicate consumer disputes over the provision of health services. The Council



would recognize the existing accountability and disciplinary responsibilities of governments and of professional associations. It would provide national reports on the quality of health services. Its membership would include governments, national health organizations, national professional associations and consumers. It would prepare regular public reports on its findings related to the principles and on the congruence between the provision of services and the structural framework. These reports would complement the factual and quantitative reports of the Canadian Institute for Health Information.

CNA believes nurses in Canada are prepared to find new ways of working with other health professionals and with allied health workers. Cooperation among sectors and between disciplines is absolutely critical to maximizing the health of Canada's citizens.

#### **IV. CONCLUSION**

The future health system in Canada must be built on the present system. The future health system will incorporate the five principles codified in the Canada Health Act. It must broaden the services available in the current system. It must strengthen its foundation. CNA sees this as an evolutionary process and one that is supported by the identification of a structural and ethical framework that defines clear roles for governments and other stakeholders.

CNA believes Canada's health system will benefit from looking beyond our borders for research and for population health trends. CNA believes health is a public good that offers economic and social benefits and that public investment in services sustaining our health is fully justified. Responsible public stewardship of that investment demands that we identify effective practices, methods and expertise from within and outside the health sector; that we assure these are properly shared; and that their implementation is facilitated through exchanges of personnel, appropriate information systems and support to continuing education. Above all, we believe the ultimate measure of success is to be found in the degree to which the system serves the established and evolving needs of the Canadian public.

## V. RECOMMENDATIONS

CNA believes that any proposals for improving the system must be subjected to analysis from both economic and ethical perspectives. CNA proposes, therefore, the following framework of goals for the Canadian health system:

- offer universal access to an adequate level of care;
- not impose excessive burdens on its users;
- embody a fair distribution of the costs of accessing the system and the burdens of rationing care; and
- be capable of reform and improvement towards a perfectly just system.

CNA recommends that the health system shift to emphasize:

1. Preventive care
2. Implementation of a human resource strategy for the health workforce
3. Creating more points of entry into the health system
4. Multi-disciplinary education, practice and research
5. Flexibility to evolve with the changing health needs of Canadians.

CNA recommends that the publicly-funded health system be broadened to include primary healthcare, homecare, diagnostic care and treatment care, including pharmaceuticals.

CNA recommends that the health system be strengthened through investments in information infrastructure, in research and surveillance and in evaluation of national and international clinical practice.

CNA recommends that the health system be designed to support the achievement of national health care objectives.

CNA believes that predictable and stable financing is a prerequisite for the effective planning and sustainability of the health system.

Further, CNA believes the current financing mechanisms for the health system must be rethought. CNA recommends that the CHST transfers be supplemented by mechanisms, which would support universal access to homecare, long-term care and other programs.

CNA believes patient care will benefit from:

- technological supports needed to electronically deliver nursing education and continuing education;
- development of electronic testing capacity for certification exams;
- identification, updating, and dissemination of national standards of practice;
- training and development of nursing leaders and senior decision-makers;
- improving working conditions;
- expansion of the accreditation program in acute care facilities to track and report on indicators related to working conditions; and
- continuous evaluation of the results of health services and modes of care in terms of population health outcomes.

CNA recommends that the federal government facilitate recruitment of new nurses by:

- eliminating tuition costs for students and
- enhancing the capacity of universities to educate nursing students.

CNA recommends that health care providers and allied health workers pursue new ways of working together to improve health outcomes.

CNA believes that mechanisms linking governments – national, provincial, regional – with health experts and with consumers are key to maintaining the relevance and responsiveness of the system. Further, we believe Canada must look beyond its borders for research results, best practices, and surveillance information that can improve our health system and give early warning of emerging trends the system will have to address.

CNA recommends the creation of a National Health Council to monitor the implementation of the principles of the Canada Health Act and to adjudicate consumer disputes related to the provision of health services.

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