CANADIAN NURSES ASSOCIATION
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA

Review of the 10-Year Plan to Strengthen Health Care

House of Commons
Standing Committee on Health

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INTRODUCTION

The Canadian Nurses Association (CNA) is the national professional voice of registered nurses, supporting them in their practice and advocating for healthy public policy and a quality, publicly funded, not-for-profit health system. CNA is a federation of 11 provincial and territorial nursing associations and colleges representing more than 133,700 registered nurses and nurse practitioners.

Registered nurses constitute the largest regulated health profession in the Canadian health system. They are often the first point of contact with the health system, providing 24/7 coverage. They are highly trusted by Canadians. As such, registered nurses are well positioned to understand the challenges of the health system and the solutions to strengthen it.

CNA welcomes this opportunity to present to the Standing Committee on Health during its review of the First Ministers' 10-Year Plan to Strengthen Health Care.[1] Since the plan was announced in 2004, some progress has been made. However, many challenges remain unmet. This brief focuses on five key areas of the 10-year plan that are of particular interest to registered nurses – the National Pharmaceuticals Strategy, health human resources, primary care reform, health innovation and accountability.

NATIONAL PHARMACEUTICALS STRATEGY

In the 10-year plan, first ministers agreed to the National Pharmaceuticals Strategy. They agreed that no Canadian should suffer undue financial hardship in accessing needed drug therapies and that affordable access to drugs is fundamental to equitable health outcomes for all Canadians.

In June 2006, the Task Force on the National Pharmaceuticals Strategy released its progress report to Canadians.[2] CNA is concerned that many of the issues identified as priorities in the National Pharmaceuticals Strategy are being addressed in isolation and that more attention should be focused on a comprehensive strategy to address the issues. We are impatiently waiting for the implementation of a National Pharmaceuticals Strategy. A few initiatives have shown promise, but again they are not coordinated or comprehensive. For example, some provinces have announced catastrophic drug coverage for residents. However, the Coalition for a Canadian Pharmaceutical Strategy, of which CNA is a member, recommends that all governments adopt a common operational definition of "catastrophic."[3]

CNA, as a member of the Coalition, recommends sustained effort by federal, provincial and territorial governments to develop and implement a national strategy as outlined in its Framework for a Canadian Pharmaceuticals Strategy. This requires ongoing and meaningful consultation with stakeholders, including health-care providers and consumers.

HEALTH HUMAN RESOURCES

The 10-year plan recognized the need to increase the supply of health-care professionals in Canada, including doctors, nurses, pharmacists, and other health-care professionals. There was a commitment to continue and accelerate work on health human resources action plans and initiatives to ensure an adequate supply and appropriate mix of health-care professionals.

CNA would like to commend governments on the development of a federal, provincial and territorial framework for pan-Canadian health human resources planning. The Framework for Collaborative Pan-Canadian Health Human Resources Planning sets out a number of principles on which governments agree to base their planning for health human resources and provides an action plan for a coordinated approach to health human resources policy and planning. CNA was also pleased that a formal consultation with various stakeholders was conducted on this document. Unfortunately, progress on the action plan remains slow. We are concerned that its implementation is not receiving the attention and support from all stakeholders that it needs.

In the 10-year plan, federal, provincial and territorial governments also agreed to make public their action plans for health human resources, including targets for the training, recruitment and retention of professionals, by December 31, 2005. Unfortunately, many governments fell short of this commitment and still do.

There is also a great need to coordinate health human resources strategies. Prince Edward Island, Newfoundland and Labrador and other jurisdictions, for example, lose as many as 30 per cent of their registered nursing graduates to other provinces.[4] As such, planning for health human resources must be pan-Canadian, taking into account such mobility and the policy levers that will affect the degree of mobility between provinces and territories.

All signs suggest we are on the brink of a health human resources crisis that will reduce the progress that has been made on wait times and access. For example, any increase in the supply of new registered nurses is quickly offset by decreases in the existing supply of nurses resulting from the fact that the average age of nurses is rising and an ever increasing number are eligible for retirement. Urgent action is needed. One of the key solutions to the nursing crisis lies in more effective use of our existing resources. By introducing technology, changing work processes and addressing those issues in the workplace that lead to absenteeism, greater efficiency of the health workforce can be achieved. For example, matching skill level with job requirements can increase the quality as well as the quantity of services provided. Just as Honda would not employ automotive engineers to tighten bolts, health-care organizations should not assign nurses to empty wastebaskets. In one case, SCO Health Service in Ottawa found that 30 per cent of the work of registered nurses did not require their level of skills and knowledge. To optimize the work of professional staff, the facility added support staff to complement its registered nurse workforce and reduce the nurses' time on non-nursing duties; the result was an increase of seven hours of patient care per nurse in an average 24-hour period. [5]

CNA recommends that first ministers establish a formal mechanism or tool to promote the sharing and adoption of innovative yet practical solutions to the health workforce crisis.

PRIMARY CARE REFORM

The 10-Year Plan to Strengthen Health Care set a target of 50% of Canadians having 24/7 access to multidisciplinary teams by 2011. That is only three years away. Progress has been made on this front with a number of highly successful primary health care collaborative projects. However, the sustainability and expansion of these projects are limited by a number of system issues, such as constraints imposed by current funding models, legislative barriers to interprofessional collaboration and a lack of effective communication tools, such as the electronic health record (EHR). The 10-year plan identified the EHR as a priority for primary care reform.

Electronic Health Records

The EHR is key to health system renewal. Federal Wait Times Advisor Dr. Brian Postl, in his report on wait times, noted the benefits of an EHR for the health system.[6] These include increased access to integrated patient information, reduced duplication of tests and prescriptions, reduced physician prescription call backs, reduced travel costs for patients and providers, improved vaccine management and reduced costs as a result of improved information management.

CNA believes that the EHR will enable primary care reform and allow health-care practitioners to better communicate and coordinate care for their patients. More complete and better information will facilitate informed health-care decisions, reduce wait times and improve access. Implementation of electronic prescribing will also lead to enhanced drug safety.

The return on investment from a pan-Canadian EHR is estimated to have gross benefits exceeding investment dollars by an 8:1 margin and to generate net savings of $39.8 billion.[7]

Despite such clear benefits, progress has been slow. Investments to date have resulted in some progress, but the infrastructure is not complete. The gap between what has been allocated to Canada Health Infoway ($1.5 billion) and what is needed to support full implementation of the electronic health record is $8.5 billion.[8]

CNA recommends that funding for Canada Health Infoway be increased and accelerated in order to realize the first ministers' vision of the electronic health record.

HEALTH INNOVATION

The 2004 First Ministers' Meeting on the Future of Health Care recognized the importance of science, technology and research to strengthening our health system as well as our competitiveness and productivity. The federal government committed to continued investments to sustain activities in support of health innovation.

CNA feels there is significant room for improvement in the area of information and communications technology (ICT) and research.

Information and Communications Technology

ICT offers solutions to the issue of access to health services. It streamlines the process so that Canadians have more timely access to health care. ICT will revolutionize how the health sector does business, just as it has for the airline and banking sectors. Applications like telehealth enable service provision 24/7 to every urban, rural and remote location throughout Canada. ICT facilitates access by Canadians to seamless health services. ICT implementation will bring the health sector into the 21st century and help make the health system competitive, efficient and effective.

The federal government has invested broadly in electronic technologies with great benefit. For example, extending broadband services out to rural communities has increased quality of life and enhanced national prosperity. Although ICT has revolutionized nearly every aspect of our lives, it has not been fully applied to health care. The health sector lags far behind other sectors in its use of ICT. It is 25 to 30 years behind the banking industry in this regard.[9]

The benefits of applying ICT to the health sector are numerous. ICT enables patients to easily access the information they need to navigate the health system and to make choices about the care they receive. ICT makes communication with patients and their families faster and more accurate, resulting in shorter wait times. It gives health-care providers access to the results of tests and procedures so that assessments, examinations and treatments are not repeated. This means quicker access to care.

International and domestic experiences with the introduction of ICT in health show that there are efficiencies to be gained. The proceedings from a 2006 conference on electronic health records sponsored by Canada Health Infoway and the Health Council of Canada[10] state that:

- E-prescribing in Denmark has cut the rate of medication error from 33 per cent to 14 per cent.
- Electronic records in intensive care have reduced mortality rates by up to 68 per cent.
- Telehealth services have reduced visits to emergency departments by 34 to 40 per cent.

A 2005 study by Booz Allen Hamilton points to a potential savings in Canada of $6 billion per year with the full adoption of ICT in the health sector.[11]

Community health nurses were on the front lines delivering care during the 2003 SARS epidemic. The experience showed the importance of getting real-time information about appropriate health services for managing the disease and controlling its spread to providers who were caring for and supporting patients in their homes and in community clinics. The SARS experience also identified the absence of communication processes that would allow providers to inform pandemic surveillance and decision-making by government public health agencies. To improve access to effective health services in the community, ICT infrastructure is needed in the community at the point of care. This means a combination of laptop computers, BlackBerrys, personal digital assistants and cellular phones. A rebate of the Goods and Services Tax (GST) charged on ICT purchases would promote the purchase of these ICT tools. In addition, health sciences education programs are increasingly using ICT to make education more accessible to Canadians – for example, with distance education programs and simulation laboratories. By 2006, 37 out of 134 baccalaureate nursing programs were offered electronically, in full or in part.[12] To facilitate enrolment in world-class nursing education, CNA recommends that investments in health sciences education programs also qualify for the GST rebate on ICT.

CNA recommends that governments:

- **establish a 100 per cent rebate of the GST charged on ICT purchases in the health system.**
- **accelerate the implementation of information management and communication technology to support coordinated and coherent delivery of health services.**
- **ensure that every Canadian has access to the most suitable technology (e.g., broadband) that will allow them to link to the Internet, from our largest urban centres to the most isolated northern communities.**

Research

When nursing knowledge is brought to bear at the point of service delivery, in planning to improve population health or in setting healthy public policy at the national level, we know that mortality drops, quality improves and costs are contained. But to build and test new solutions, the science base of nursing needs to be harnessed and expanded. Research and the innovative ideas it spawns support the health system and Canada's economic advantage by developing and evaluating new, more cost-effective approaches to health promotion and protection, health-care delivery and chronic disease management.

With the support of federal investments, especially the $25 million Nursing Research Fund (1999-2009), we have built research capacity and a strong nursing science foundation over the last 10 years. In less than a decade, nursing has evolved a culture that is increasingly focused on the discovery, testing and use of evidence to inform all its clinical care and service delivery decisions.

For example, Canadian nurses are world leaders in developing and using innovative technologies such as telehealth. That program alone has had a major impact on timely access to care and service utilization. In a review of 306 sources, Jennett and team concluded in 2003 that "specific telehealth applications have been shown to offer significant socio-economic benefit, to patients and families, health-care providers and the health-care system. The main benefits identified were: increased access to health services, cost-effectiveness, enhanced educational opportunities, improved health outcomes, better quality of care, better quality of life and enhanced social support."[13]

Another example is the extensive research by Nancy Edwards, RN, PhD, on preventing falls. Falls cost the economy some $2.8 billion annually; Edwards' findings have led to the identification of changes to building codes needed to make bathrooms and stairs safer for aging Canadians.

Ongoing research investment is needed. Much more work needs to be done to bring about the kinds of system changes that will make for healthier populations and a more streamlined, effective, cost-efficient public health system.

CNA recommends that the federal government support a new, 10-year, $79 million federal program proposed by the Canadian Consortium for Nursing Research and Innovation to meet these goals and enhance nursing's contribution to the health and life sciences.

ACCOUNTABILITY

Accountability, as this government has emphasized, is imperative in all areas of government, and health care is certainly no exception. Goals cannot be evaluated if there are no established targets or means to measure progress or if the individuals or groups that are most responsible for meeting the targets are not identified. The first ministers of 2004 were well aware of the need for accountability in the health system.

Though transfers to the provinces increased dramatically as a result of the 10-Year Plan to Strengthen Health Care, the increase in funds has not always been matched by an increase in accountability. Health Canada has reporting obligations to Parliament and must monitor and enforce the five criteria and the two conditions of the *Canada Health Act*. However, Health Canada continues to allow provinces and territories to refuse to provide information on for-profit delivery of health care in their jurisdictions. Health Canada's *2006-2007 Canada Health Act Annual Report* reveals a paucity of information that leaves Health Canada unable to judge whether the provinces are complying with the *Canada Health Act*.

CNA recommends that Health Canada make use of its discretionary powers to enforce the principles and conditions of the *Canada Health Act* with respect to its transfers and report back to Parliament.

CONCLUSION

Although progress has been made on some elements of the 10-year plan, significant challenges and opportunities remain. More funding and work will be required to address the issues that were identified by the first ministers four years ago. This brief only highlights several areas of importance for registered nurses – the National Pharmaceuticals Strategy, health human resources, primary care reform, health innovation and accountability – but there are many others.

CNA appreciates the opportunity to participate in your review of the First Minister's 10-Year Plan to Strengthen Health Care. Please contact us should you have any further questions.

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