Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario

Important decisions are being made about Canadian health care, and your voice deserves to be heard

For a decade, health advocates despaired over prospects of improving the Canadian health system because the federal government failed to advance policy to do so. Now, there is a chance to fix the holes in our health system – such as the lack of a national pharmacare program, which leaves many with tough choices about whether they should pay the rent or buy prescription drugs. Federal, provincial and territorial health ministers will meet in Toronto on October 18 to negotiate a new *Health Accord*. The accord determines the size and conditions of the cash transfers from the federal government to provinces and territories. In return, the provinces and territories agree to adhere to the principles of the *Canada Health Act* and to other agreed-upon conditions. The last health accord was negotiated in 2004 and expired in 2014.

Canadians are proud of the achievements of medicare in Canada, which greatly expanded access to health in the 50 years since its introduction. We only have to look to the south to see the economic and health cost of not having a national medicare program. But there is room for improvement. When it comes to health outcomes [1] and cost, [2] Canada lags behind many other advanced countries because our system only covers hospital and medical care. (Ironically, the most expensive OECD health system belongs to the US (16.9 per cent of GDP) and it produces poorer health outcomes than most other OECD countries.) [3] One explanation for the gap is that other countries do a better job when it comes to the social determinants of health; Canada only spends 17.0 per cent of GDP on social programs expenditure including health, whereas the OECD average is 21.6 per cent. Canada ranks 27th out of 34 OECD nations in this regard.

RNAO's 2015 federal election platform outlines key health system asks for the federal government:

- Enforce the principles and spirit of the *Canada Health Act* that protect universal access to health care (for example, some Ontario hospitals experimented with inbound medical tourism and other provinces are allowing for-profit health services to facilitate queue jumping by well-to-do Canadians). Reject privatization and commercialization of health-care delivery, and reject user fees.
- Negotiate a new health accord with increased federal transfers to provinces and territories.
- Expand Medicare to cover universal pharmacare and home care. Neither is currently covered under the Canada Health Act, and that hurts access, health and the economy.

- Reinstate the Health Council of Canada, which was an independent body that helped provide transparency and accountability through reporting on the quality and effectiveness of health-care services.
- Resurrect a commitment made by First Ministers in 2003 to achieve 24/7 access to primary care delivered by interprofessional teams working to full scope.

These steps would greatly enhance the health of Canadians by making health services more universally accessible and effective. They would also enable nurses to maximize their contributions to Canadians' health.

Adequate and predictable health sector funding is needed to meet current and future obligations. It is also important the size of the transfers be sufficient to enforce the principles of the Canada Health Act and to ensure that all covered services are delivered. The agreement must also provide sufficient oversight to ensure the health system is publicly administered, universally accessible (without extra charges or discrimination), comprehensively covered, and portable across Canada.

It is particularly important to get Medicare expansions right, from the start. For example, the federal Liberals campaigned on a promise to improve access to necessary prescription drugs and join with the provinces and territories to buy drugs in bulk. However, there is concern the federal government may confine itself to bulk drug purchases, and provide only catastrophic drug coverage, defined as the provision of a general level of coverage that protects "individuals from drug expenses that threaten their financial security or cause "undue financial hardship." This would still leave Canadians with out-of-pocket expenses, which can deter the proper use of drugs. We know that co-ordinated buying will save billions of dollars in reduced expenditures. But a proper pharmacare program is much more than that: it would deliver universal access through full coverage without co-payments for all necessary prescription drugs; and it would provide a national formulary to enhance safe and effective prescribing.

A national pharmacare program would make for more rational use of health services, as people will be more likely to adhere to prescription regimens when they don't face user fees. That keeps people healthier and less likely to require other health services. Similarly, full access to primary care and home care would result in people accepting care in the right setting, rather than having to use very expensive hospital services with poorer outcomes. Getting the right care from the right provider in the right setting results in healthier people and reductions in inappropriate hospital use.

A top priority must be to address the unconscionable mental, physical, social and economic inequities experienced by Indigenous communities, caused by a history of discriminatory policies. The task is complex, however, the Truth and Reconciliation Commission has charted a path forward through its calls to action; continued failure is no longer an option. Full partnership with Indigenous communities in health accord discussions is an essential first step. In May,

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RNAO was pleased to sign a Letter of Intent with the Chiefs of Ontario to begin a journey together to take action on suicide, mental health and addictions; social and environmental determinants of health and enhancing health services to improve the lives of First Nations people. In June, Prime Minister Trudeau committed to working "with Indigenous Leaders in the context of the Health Accord to develop a long-term plan to address ... important health issues."

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[1] Latest OECD data put Canada in 16th place in life expectancy (81.5 years) vs. Japan at 83.7 and Spain at 83.3. the US was in 28th place at 78.8 years. Canada was in 30th place when it came to infant mortality rates: Canada's rate was 4.8 deaths per 1,000 births, while Slovenia led at 1.8, with Iceland and Japan tied at 2.1. The rate for the US was 6.0, which put it in 32nd place.

[2] The latest OECD data show 24 members with lower shares of GDP going to health than Canada. That would include both countries with poorer health outcomes (e.g., Mexico and Turkey), as well as countries with better health outcomes (e.g., Finland, Spain and Slovenia). Countries that spent more than Canada on health generally showed better health outcomes, with the exception of the US.

[3] The infant mortality rate in the US was worse than all OECD countries except Chile, Turkey and Mexico, while the US ranked 28th out of 35 OECD countries when it came to life expectancy.