RNAO Response to the Romanow Commission Report

December 2002

Speaking out for Health. Speaking out for Nursing.

RNAO
Registered Nurses Association of Ontario

L'Association des infirmières et infirmiers autorisés de l'Ontario

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General Comments:

RNAO strongly endorses the final report of the Romanow Commission, *Building on Values: The Future of Health Care in Canada*. Commissioner Romanow began his work clarifying Canadians' values and ended his work with recommendations based on the best available evidence. Indeed, the report's recommendations are based in solid evidence, gleaned through extensive consultation, research and analysis over the past eighteen months. This is a report that reflects the overwhelming views and values of most Canadians, including Ontario nurses.

First, this is a report that clearly details the values and principles that underlie the Canadian health care system. We call upon politicians of all parties to immediately reconfirm their support for these values and principles. The report also lays to rest the ghosts of privatization and for-profit delivery, and offers a clear path for Canadians and their elected officials to get on with the real job of building Medicare's second generation. Medicare is part of the tapestry of a moral and just society that has contributed to Canada's social cohesion. The report is unwavering in its position that Medicare offers Canadians the best financial deal and is the best way for all of us to receive our health care.

The report moves Canada in all the correct directions towards comprehensive universality in health care, and does so in a very fiscally and politically cautious way. We expect the federal and provincial governments to adopt these initial steps, and decisively move to realize the immediate and long-term vision set by Commissioner Romanow towards achieving universal access to <u>all</u> essential health care services.

RNs across Canada have been key participants in building and preserving our universally accessible health-care system. We fought hard for the Canada Health Act. We have also been willing participants in the work of the Romanow Commission over the past eighteen months; realizing that today's highly changed – and highly charged – climate makes this a critical time for a knowledgeable and passionate defense of the letter and the spirit of the Canada Health Act.

We commend the Commissioner for protecting these principles in his report and for extending them to other necessary health-care services.

<u>Specific Comments:</u>
In this section, we will discuss the specifics contained in the report, following the topics outlined in this extensive 390-page document.

1. Sustaining Medicare

The Report states:
"Sustainability means ensuring that sufficient resources are available over the long term to provide timely access to quality services that address Canadians' evolving health needs."(p. 1) The report identifies services, needs and resources as the three essential dimensions of sustainability of our health system.

On services, the report acknowledges that health-care needs have grown and changed since the introduction of Medicare. Timeliness of access is an issue for some diagnostic services and surgeries – as well as for people living in rural and remote communities. Furthermore, the progress of primary health care reform has been slow. Thus, while more needs to be done, the solution is not looking to the private sector. Instead, governments must adequately resource services within the public system.

On needs, the report maintains that Canada compares well with other countries in adequately meeting Canadians' health-care needs. However, disparities do exist in both health outcomes and in access to care. The report specifically focuses on north-south as well as east-west differences, with particular attention to Canada's aboriginal population. While an aging population will challenge the cost of our system, this can be managed with adequate system adjustments.

On resources, the report notes Canada's close comparability with other OECD countries on health-care spending – with the exception of the much higher spending in the US. A review of the various proposed funding options (other than through the tax system) underlines the many problems that these present. There are also issues related to the federal-provincial funding balance – with the federal level significantly lower than before. The Commission report notes that Canadians are prepared to pay more through their taxes – as long as the system is meeting their needs.

The report is unequivocal about our publicly-funded, not-for-profit health care system: the report states that there is no evidence that allowing two tiers or for-profit provision will save money or deliver quicker or better services. The report identifies income taxes as the best way to fund proposed expansions, and it concludes that Canadians are prepared to pay more through taxes for health care.

Comment:

- The Commission is absolutely correct in its assessment that Canadian Medicare is affordable. This point is crucial, and is a point that RNAO has been consistently making. This position has been clearly outlined in our discussion papers – *The Canada Health Act: To Preserve & Protect (1999); Towards a Nationally Sustainable Health Care System (2000)* as well as in our previous submissions to the Romanow and Kirby consultations.

- RNAO's has long advocated for investment in primary health-care reform with all its principles and services. RNAO is very satisfied with the federal targeted funding, allocated by Commissioner Romanow over the next two years, to bust this initiative -- $2.5 billion (to be matched or exceeded by the provinces). Furthermore, the RNAO believe that many of the needs of Canada's growing and aging population can be best addressed by advancing robust elder health and elder care services based on a primary health care framework.

- RNAO also strongly endorses the Romanow Commission's support for publicly funded, not-for-profit delivered health-care services. There is vast evidence in Canada and abroad that shows that this is the most effective, efficient and affordable path for our system. RNAO has called for an explicit moratorium on for-profit provision of health care services.

- We concur with the report that any additional funding must come through the tax system. We suggest first exploring taxes on harmful activities that raise burdens on the health care system. For example, various green taxes and increased tobacco taxes would both discourage unhealthy activity and raise revenue to recover extra costs imposed on the health care system. We would then recommend relying on the income tax system for any shortfall. Doing this has the virtue of collecting on the basis of ability to pay, and it does not increase administrative costs, so it is efficient.

2. Health Care, Citizenship and Federalism

The Report recommends:
The adoption of a **Health Care Covenant** that would confirm a collective, Canadian vision for the future and that would outline the responsibilities and entitlements of users, providers and governments.
"A new Canadian Health Covenant should be established as a common declaration of Canadians' and their governments' commitment to a universally accessible, publicly funded health-care system. To this end, First Ministers should meet at the earliest opportunity to agree on this covenant." (p.48)

The Report also recommends:
The establishment of a new **Health Council of Canada** (HCC) to foster co-operation and collaboration among the federal, provincial and territorial governments. This would also serve as a vehicle to set indicators and benchmarks, to help track performance and report regularly to Canadians. It is recommended that the HCC report to federal, provincial and territorial health ministers, and regularly consult with the public. Also, the Council Board should be appointed through a consensus of federal, provincial and territorial governments and include: public representation; representation from the academic, scientific and professional community; individuals with working knowledge in area of governance and management of the health system; and, appropriate regional representation.

"A Health Council of Canada should be established by the provincial, territorial and federal governments to facilitate co-operation and provide national leadership in achieving the best health outcomes in the world. The Health Council should be built on the existing infrastructure of the Canadian Institute for Health Information (CIHI) and the Canadian Coordinating Office for Health Technology Assessment. (CCOHTA)." (p.52)

"On an initial basis, the Health Council of Canada should:
- *Establish common indicators and measure the performance of the health-care system;*

- *Establish benchmarks, collect information and report publicly on efforts to improve quality, access and outcomes in the health care system;*
- *Coordinate existing activities in health technology assessment and conduct independent evaluations of technologies, including their impact on rural and remote delivery and the patterns of practice for various health care providers." P.52*

"In the longer term, the Health Council of Canada should provide ongoing advice and co-ordination in transforming primary health care, developing national strategies for Canada's health workforce, and resolving disputes under a modernized Canada Health Act." (p. 53)

A **Canada Health Act for the 21st Century**. This will be accomplished through an updating of the concept of medically necessary to reflect the realities of our current health-care system. Here, the report calls for Canada Health Act coverage to expand to include diagnostic services and priority home-care services. Also recommended is the inclusion of a sixth principle – accountability – to the Act itself.

"The Canada Health Act should be modernized and strengthened by:
- *Confirming the principles of public administration, universality and accessibility, updating the principles of portability and comprehensiveness, and establishing a new principle of accountability;*
- *Expanding insured health services beyond hospital and physician services to immediately include targeted home care services followed by prescription drugs in the longer term;*
- *Clarifying coverage in terms o diagnostic services;*
- *Including an effective dispute resolution process;*
- *Establishing a dedicated health transfer directly connected to the principles and conditions of the Canada Health Act." (P. 59-60)*

The report recommends a dedicated, **cash-only Canada Health Transfer** – established as part of the CHA, as a way of ensuring stable and predictable funding. The report wants the federal cash share of its health transfer to be 25% of CHA-covered provincial health spending. It also recommends that the transfer have an escalator mechanism set in advance for five years – to support stability and predictability – and that increases at a rate commensurate with economic growth and capacity to pay (averaging 25% faster than GDP growth rates).

"To provide adequate funding, a new dedicated cash-only Canada Health Transfer should be established by the federal government. To provide long-term stability and predictability, the Transfer should include an escalator that is set in advance for five-year periods." (p. 65)

Also recommended:
On a short-term basis, the federal government should provide targeted funding for the next two years to be matched or exceeded by the provinces – for the following (cumulative funding to 2004/05 in brackets):

- Rural and remote access fund ($1.5 billion);
- Diagnostic services fund ($1.5 billion);
- Primary health care transfer ($2.5 billion);
- Home care transfer ($2 billion);
- Catastrophic drug transfer ($1 billion)

Bridge funding is proposed while governments negotiate new Canada Health Transfer (CHT) arrangements to uncouple health from post-secondary education and social assistance in the current CHST. The provisional/bridging funds ($3.5B in 03/04, $5.0B in 04/05) target rural/remote, diagnostic, primary, home and catastrophic drug care. These priorities will remain once they are rolled into the CHT, starting with $6.5B more in 05-06. The graduated increase is calculated to be feasible without raising the tax hike issue.

Comments:

- RNAO strongly endorses recommendation #1 -- A new Canadian Health Covenant -- proposed by Commissioner Romanow. The values and principles are exemplary. A Health Care Covenant will serve to further entrench health care as a right for Canadian residents.

- RNAO has called for a permanent commission on health to provide long-term stable accountability, coordination and direction of health care at the national level. Thus, we fully support recommendation #2 , #3 & #4 -- A Health Council of Canada – which could serve this function. Our preference is for strong community expert representation, more than proposed in the report, although the formula offered may be the best politically feasible in our federal system.

- RNAO supports the expansion of the letter and the spirit of the Canada Health Act as outlined in recommendation #5. However, RNAO proposes to achieve this through companion legislation to the Canada Health Act. RNAO opposes re-opening of the CHA. Our position is based on the challenges presented by international trade agreements (point also acknowledged by Commissioner Romanow), and the reality of very powerful lobbying by groups in Canada and abroad who wish to privatize our health care system.

- We strongly support the inclusion of needed diagnostic services within this companion legislation as a way of preventing the erosion of equal access. RNAO is pleased with the federal targeted funding, allocated by Commissioner Romanow over the next two years, to bust this initiative -- $1.5 billion (to be matched or exceeded by the provinces), as this will serve to improve access.

- RNAO is on record that the proliferation of for-profit diagnostic agencies is a threat to our publicly funded system. The specific example of the private radiation services under Cancer Care Ontario is an important example of this problem – and one on which RNAO has been urging government action.

- RNAO endorses the enshrinement of the principle of accountability into health care law, with providers and both levels of government being held accountable to the public. However, as stated previously, we are opposed to opening up the Canada Health Act lest its principles be diluted and recommend other means to achieve this goal.

- RNAO strongly supports recommendation #6 of a cash-only Canada Health Transfer – targeted funding that would inject important predictability into our system. We have long called for the federal level of government to increase targeted funding for health care to the provinces. Many organizations, including RNAO, have been calling for the federal government to raise the cash share of its transfer to 25% of CHA-covered spending, so this recommendation is welcome. We also approve inclusion of an escalator based on GDP growth. This will help to provide future predictability and stability to meet rising costs.

- RNAO is strongly supportive of recommendation #7 -- targeted funding to the areas of rural and remote access, diagnostic services, primary health care, home care and catastrophic drug coverage. We urge mechanisms that will ensure the two-year time frame will not cause sudden reduction in services when the temporary funding ends.

3. Information, Evidence and Ideas

The Report recommends:
"A personal electronic health record for each Canadian that builds upon the work currently underway in provinces and territories."

"Canada Health Infoway should continue to tale the lead on this initiative and be responsible for developing a pan-Canadian electronic health record framework built upon provincial systems, including ensuring the interoperability of current electronic heath information systems and addressing issues such as security standards and harmonizing privacy policies."

"Individual Canadians should have ownership over their personal health information, ready access to their personal health records, clear protection of the privacy of their health records and better access to comprehensive and credible information about health, health care and the health system. "

"Amendments should be made to the Criminal Code of Canada to protect Canadians' privacy and to explicitly prevent the abuse or misuse of personal health information with violations in this area considered a criminal offense." (p. 76)

"Canada Health Infoway should support health literacy by developing and maintaining an electronic health information base to ling Canadians to health information that is properly researched, trustworthy and credible as well as support more widespread efforts to promote good health." (p. 77)

"The Health Council of Canada should take action to streamline technology assessment in Canada, increase the effectiveness, efficiency and scope of technology assessment, and enhance the use of this assessment in guiding decisions." (p. 83)

Steps should be taken to bridge current knowledge gaps in applied policy areas, including rural and remote health, health human resources, health promotion, and pharmaceutical policy." (p. 86)

Comments:

- RNAO supports the need for national work to develop electronic health records that builds on the work that is ongoing in the provinces. In Ontario, RNAO is a permanent member on the Health Informatics Standards Committee – part of the Smart System for Health Initiative. It is imperative that a broad cross section of expertise be utilized at all decision points in the development of electronic health records. From the information gathered, to how it is gathered through to its utilization requires comprehensive input from many professional and community voices.

- We are in agreement with the Romanow Commission's recommendation regarding the need for strong – and consistent - security standards across the country. We also strongly agree that any breach of privacy be treated as an offense to Canada's Criminal Code. Canadians must be assured that their health information is safe and secure.

- We concur with our national body, the Canadian Nurses Association who state their support for the Canada Health Infoway taking the lead to ensure that Canadian researchers and policy makers have access to comprehensive health information; information on which key decisions can be based. In order to make the necessary decisions in our health-care system we need to be assured of access to dependable data. RNAO also supports CNA's recommendation that solutions must be sought for infrastructure problems such as lack of access to internet broadband capacity outside of major urban centres.

- RNAO has long called for the creation of a permanent national coordinating body to deal with health human resource issues. We are very pleased to see the Commission's call for a research centre devoted to inter-professional collaboration and learning – as one of four Centres for Health Innovation for applied policy research. A centre such as this, devoted to retention issues – including workload and valuing of providers - as well as recruitment needs, will go a long way to dealing with critical health human resource issues. The fact that these very important issues will be considered from an inter-professional point of view – makes this critical for the future of new organizations of health care – such as primary health care.

4. Investing in Health Care Providers

The Report recommends:
"A portion of the proposed Rural and Remote Access Fund, the Diagnostic Services fund, the Primary Health Care Transfer, and the Home Care Transfer should be used to improve the supply and distribution of health-care providers, encourage changes to their scopes and patterns of practice, and ensure that the best use is made of the mix of skills of different health-care providers." (p. 105)

This recommendation is a summary of the report's discussion on the reality of underserviced areas across Canada, the changing roles of various providers (nurse practitioners as one key example), and the acknowledged need to change patterns of practice (primary health care reform – and the related team practice model - as another key example).

Also recommended:
"The Health Council of Canada should systematically collect, analyze and regularly report on relevant and necessary information about the Canadian health workforce, including critical issues related to the recruitment, distribution, and remuneration of health-care providers" (P. 108)

"The Health Council of Canada should review existing education and training programs and provide recommendations to the provinces and territories on more integrated education programs for preparing health-care providers, particularly for primary health-care settings." (P. 108)

"The Health Council of Canada should develop a comprehensive plan for addressing issues related to the supply, distribution, education and training, remuneration, skills and patterns of practice for Canada's health workforce." (p. 108)

The Health Council of Canada – a body that will include the public, provider and other expertise is being charged with addressing key provider issues – such as workload, scope of practice and education needs. The report acknowledges the short sightedness of not paying adequate attention to work environments; of treating human resources only as a cost to be contained rather than a means to achieve key objectives. The report also urges providers to relinquish ties to traditional ways of practice and embrace the new methods of providing care to Canadians.

Comments:

- The report correctly identifies some of the key HHR problems, and properly has focused on the urgent need to address shortages of supply and employment in the nursing profession. It leaves responsibility for solving this problem to the proposed Health Council, and makes no specific recommendations on workload or staffing levels. RNAO recommends, at a minimum, that RN staffing return to the number of RN positions per population that existed in 1986.

- RNAO's concurs with the Romanow report that the health care system is over-reliant on casual and part-time employment. RNAO has consistently recommended the urgent need to increase the proportion of full-time nurses and improve nurse/patient ratios. We identified the need to have 70% full-time employment in 2000 (RNAO/RPNAO *Ensuring the Care Will Be There*, 2000). This is essential to ensure continuity of care, flexibility for nurses, and financial sustainability for nurses and employers. The extremely high levels of overtime, sick time, and agency utilization present a microcosm of a clear cause and effect relationship. We must urgently move to resolve these critical HHR issues.

- In addition to the above retention issues, RNAO has called for the need to address recruitment issues in a sustainable, long-term way. It is critical that Canada not take short cuts that will delay a Canada-wide approach to ensuring an adequate supply of nurses. For example, a reliance of supplies of temporary nurses from overseas – particularly from less developed countries – is one of these very shortsighted approaches. This policy direction deprives those who have even greater need for health care.

- RNAO has long standing recommendations for education policies that will enable more individuals to enter the nursing profession and assist those in the profession to engage in life-long learning (See Ensuring the Care will be There (2000) and Towards a Sustainable, Universally Accessible Health-Care System, (2000)). Our recommendations include the need to fund additional education seats, tuition reimbursement for those agreeing to re-locate to practice in under-serviced areas, support for graduate education to ensure adequate number of qualified nursing faculty. The fundamental goal of all these recommendations is to meet population health needs.

- RNAO has also called for primary health care reform that utilizes an interdisciplinary team of health-care providers practicing collaboratively together. This includes registered nurses, nurse practitioners, family physician, dietitians, social workers, pharmacists, and others. RNAO's position is that the synergy resulting from this collaboration will enhance access, improve quality and promote more relevant care to Canadians. RNAO support Commissioner Romanow in his recommendation for multiple access points. RNAO has successfully worked with the College of Nurses of Ontario and the Ontario Government, to establish a legislative framework and funding mechanisms to utilize nurse practitioners (RN expanded class). We must continue to address system-wide funding for nurse practitioners, and deal with legislative barriers that impede these individuals from practicing to full scope in all settings.

- RNAO has also called for special consideration for rural, remote and other under-serviced areas. Consideration must be given to enticing providers to these areas - where needs often outstrip access for too many Canadians.

- RNAO acknowledges the value of practitioners being educated together for key components of their programs. In this way respect and a common understanding will be promoted and barriers will be mitigated from the earliest stages; providing different practitioners with a more informed appreciation of one another's scope of practice.

- RNAO is very pleased with the strong moral position taken by the Commissioner and his specific recommendation regarding globalization (#46), and human resources in developing countries (#47). C.N.A. and RNAO have long supported the right of individual registered nurses to migrate to the countries of their choice, but oppose any policy initiative directed to rob scarce human resources from the very countries that badly need them. RNAO's position is that Canada should produce its own health care professionals and not rely on those from other countries.

5. Primary Health Care and Prevention

The report acknowledges the frustration of many individuals across Canada that primary health care reform has been so slow to date. While so many primary health care experiences have been a good beginning, none have created a major breakthrough.

The Report recommends:
"The proposed Primary Health Care Transfer should be used to "fast-track" primary health care implementation. Funding should be conditional on provinces and territories moving ahead with primary health care reflecting four essential building blocks – continuity of care, early detection and action, better information on needs and outcomes, and new and stronger incentives to achieve transformation." (p. 121)

"The Health Council of Canada should sponsor a National Summit on Primary Health Care within two years to mobilize concerted action across the country, assess early results, and identify actions that must be taken to remove obstacles to primary health care implementation." (p. 125)

"The Health Council of Canada should play a leadership role in following up on the outcomes of the summit, measuring and tracking progress, sharing information and comparing Canada's results to leading countries around the world, and reporting to Canadians on the progress of implementing primary health care in Canada." (p. 125)

"Prevention of illness and injury and the promotion of good health should be strengthened with the initial objective of making Canada a world leader in reducing tobacco use and obesity." (p. 128)

"All governments should adopt and implement the strategy developed by the Federal, Provincial and Territorial Ministers Responsible for Sport, Recreation and Fitness to improve physical activity in Canada." (p. 128)

"A national immunization strategy should be developed to ensure that all children are immunized against serious illness and Canada is well prepared to address potential problems from new and emerging infectious diseases." (p. 128)

In the area of continuity of care, the importance of case managers, service integration and care networks are emphasized. In early detection and action, the report focuses on programs that encourage healthier lifestyle as well as those that target specific risks through screening, immunization and infant care. For better information on needs and outcomes, the report speaks to improved patient access to reliable information. Finally with respect to stronger incentives, the report identifies the obstacles in physician payment mechanisms – such as fee-for-service, the need for certainty and stability – assurances that primary health care is here to stay.

The report also recommends that funds from the PHC Transfer be allocated to provinces and territories that demonstrate specific commitment (this includes - train/retrain providers, implement new approaches for paying physicians and utilizing skill mix, expanding promotion/ prevention programs, and collecting info/evaluating results/sharing best practices)

While acknowledging the primary responsibility of provinces and territories in the organization and delivery of health care – the report maintains there is room for collaboration and co-operation – through a national summit.

When addressing the need to strengthen the role of prevention, the report specifically mentions the need to reduce tobacco use and obesity; to improve physical activity across the country; to implement a national immunization strategy.

Comments:

- RNAO strongly supports the primacy of PHC reform. We have long recommended this reform as a key answer to comprehensive access and to address system problems such as ER overcrowding.

- RNAO supports the PHC targeted funding as long as the stated grounds are met: continuity of care, early detection and action, better information on needs and outcomes, and new and stronger incentives to achieve transformation.

- RNAO is concerned that there be sufficient guarantee that follow-up funding be in place by the time that the interim funding terminates. It is critical that this reform – embarked upon - be sustained

- RNAO is in agreement with the need for reasonable incentives. We need to ensure that the incentives used are system enhancing. For example, in Ontario the Family Health Networks (FHNs) is one example of "reform" that thus far is more about another way to pay physicians, rather than interdisciplinary primary health care.

- Nurses have a key role in PHC reform. RNAO strongly supports multidisciplinary approaches in PHC organization.

- Need to build on the already successful projects in the provinces – rather than reinventing the wheel. For example, the Community Health Centres in Ontario have proven as an excellent model, and many communities have long been waiting to have their own CHCs approved. It is time to act.

- While the summit may be very useful in increasing national agreement/buy-in on primary health-care reform, it is RNAO's belief that we can no longer wait and we must move on the extensive research and analysis that already exists.

- RNAO supports the Commission's recognition that we need different types of PHC – albeit sharing underlying principles - for different communities/needs (one size doesn't fit all).

- The report recognizes the need to address the full scope of the determinants of health, including income distribution, education, employment, environment, stress and social support. However, the report does not provide recommendations to address these critical factors. While decreased tobacco use, increased physical activity and enhanced immunization programs are important, there are other substantive determinant of health issues. For example, child poverty remains a national disgrace and a major cause of life-long health problems. RNAO would have preferred to see specific recommendations to link broad determinants of health -- to health system renewal.

6. Improving Access, Ensuring Quality

The Report recommends:
"Provincial and territorial governments should use the new Diagnostic Services fund to improve access to medically necessary diagnostic services."(p. 138)

"Provincial and Territorial governments should take immediate action to manage wait lists more effectively by implementing centralized approaches, setting standardized criteria and providing clear information to patients on how long they can expect to wait." (p.138)

"Working with the provinces and territories, the Health Council of Canada should establish a national framework for measuring and assessing the quality and safety of Canada's health care system, comparing outcomes with other OECD countries and reporting regularly to Canadians." (p. 150)

"Governments, regional health authorities, health-care providers, hospitals and community organizations should work together to identify and respond to needs of official language minority communities." (p. 154)

"Governments, regional health authorities and health-care providers should continue their efforts to develop programs and services that recognize the different health-care needs of men and women, visible minorities, people with disabilities and new Canadians." (p. 155)

The report maintains that Canada has under-invested in diagnostic technologies and that considerable variation exists across the country in access. Also the lack of consistency in managing wait lists is outlined – with most being handled by individual physicians or hospitals with little coordination.

In addition, no consistency exists in who is placed on waiting lists or when the "clock" starts ticking. Care guarantees are considered but the problem of the lack of objective assessment of both system capacity as well as the urgency of the condition being treated make them currently unworkable. The rigidity that this type of guarantee implies could also rob provincial and territorial governments of needed flexibility.

The key words for managing wait lists are: fairness (that wait times are set on objective criteria based on patients' needs); appropriateness (that the length of time people wait is appropriate for their condition); and, certainty (that people have a clear understanding of how long they can expect to wait and why).

Comments:

- RNAO strongly supports the need to systematize wait lists. It is also important to use as guidance those successes already in place. For example, the Cardiac Care Network in Ontario is one such success. RNAO recommends that it be carefully examined for its national applicability. As well, the criteria for wait lists should be national.

- RNAO also suggests that we must keep in mind the close relationship between access issues and the realities of health human resources. The shortage of various health-care professionals in key locations and area of expertise are key factors to developing fair and consistent access to care.

- RNAO also supports the Commission recommendations around the need for increased diversity among health-care providers– to better reflect the population being cared for. Solutions include the investment in educational access outside of Southern Canadian urban locations. Solutions also include language training and cultural sensitivity for all providers.

- To maintain accurate detail about how Canada's health-care system is faring – both internally and compared to other OECD countries, we need consistently gathered and analyzed information. Only in this way will we make the knowledge known and thus transferable.

- RNAO supports the recommendation of the Diagnostic services fund ($1.5 billion). Furthermore, we are pleased that this fund be targeted over the next two years, and that the federal funding is linked to match funding by the provinces. We also recommend that its scope be broadened to cover other technical devices and services that also cause bottlenecks, such as portable ultrasounds. In many cases, we are talking about lower-cost items that still slow up access by being in short supply or being in poor repair. We are especially supportive of bringing all diagnostic services as part of the CHA.

7. Rural and Remote Communities

The Report recommends:
"T*he Rural and Remote Access Fund should be used to attract and retain health-care providers." (p. 166)*

"A portion of the Rural and Remote Access Fund should be used to support innovative ways of expanding rural experiences for physicians, nurses and other health-care providers as part of their education and training." (p. 166)

"The Rural and Remote Access Fund should be used to support the expansion of telehealth approaches." (p. 166)

"The Rural and Remote Access Fund should be used to support innovative ways of delivering health care services to smaller communities and to improve the health of people in those communities." (p 168)

The report recommendations rest on a vision that Canadians residing in rural and remote communities should be as healthy as people living in metropolitan centres. The report acknowledges the current disparity in access to health care services in these communities. Although agreeing that there is no "one size or one approach that fits all" the Commission report argues for a national approach to address serious health challenges in these communities.

A key issue is attracting and retaining adequate numbers and types of health-care providers. A longer-term approach to this is the expansion of training/education opportunities in these communities. Also, the geographic realities of these areas of Canada speak to the need to utilize other distance – friendly ways of accessing care – such as telehealth.

The need to address the underlying causes of health problems in smaller communities is also recognized – with some mention of the need to strengthen social capital, build a viable economic base and foster positive health behaviours.

Comments:

- RNAO is very supportive of the establishment of the Rural and Remote Access Fund as an important way to target funding to these areas of high need. We strongly

recommend that the allocated funding recommended by the Commissioner over the next two years -- $1.5 billion -- be matched by the provinces

- RNAO has a long-standing position supporting the need for special programs for rural/remote and northern communities (RNAO/RPNAO Ensuring the Care will be There contains specific recommendations on this issue). For example, RNAO has worked with the Ontario Ministry of Health and Long Term Care to allocate specific funds to employee nurse practitioners (RN - ECs), to practice in rural and northern communities – as well as other under-serviced communities.

- Another key recommendation from Ensuring the Care will be There is to offer free tuition to students entering nursing programs who are willing to relocate and practice in a rural/northern community. This could be an important area for use of this fund in Ontario.

- The Commission report correctly identifies the need to have education programs for those living in northern communities that are close to where individuals live. This is the best way to ensure the education of health-care providers from the community, for the community. Once again, in Ensuring the Care Will be There, RNAO/RPNAO recommended the creation of a Masters in Nursing Degree, and a distance education certificate program for nurses practicing in rural and northern communities.

- RNAO strongly supports the need to recruit more individuals from Rural and Northern communities into nursing. In this way we will be successfully responding cultural differences and ensuring more relevant care.

- RNAO supports the Commission recommendations regarding telehealth services as an important method of improving access to needed care. RNAO's position is that all telehealth services must be delivered within the public system, must be universally accessible, must serve to enhance access, and must ensure safe a quality care.

- RNAO also recommends more emphasis be placed on the full determinants of health issues in these communities. For example low income and high unemployment are issues beyond the scope of this fund - but they have significant impact on health status in these communities.

8. Home Care: The Next Essential Service

The Report recommends:
"The proposed new *Home Care Transfer should be used to support the expansion of the Canada Health Act to include medically necessary home care services in the following areas:*

- *Home mental health case management and intervention services should immediately be included in the scope of medically necessary services covered under the Canada Heath Act;*

- *Home care services for post acute patients, including coverage for medication management and rehabilitation services, should be included under the Canada Health Act;*

- *Palliative home care services to support people in their last six months of life should also be included under the Canada Health Act." (p.176)*

- *"Human Resources Development Canada, in conjunction with Health Canada should be directed to develop proposals to provide direct support to informal caregivers to allow them to spend time away from work to provide necessary home care assistance at critical times*." (p. 183)

The report recommends a targeted federal Home care transfer ($2 billion) over the next two years, to be matched or exceeded by the provinces. After two years the Home Care Transfer would be rolled into the long-term Canada Health Transfer.

These recommendations reflect acknowledgement that the Canada Health Act is limited to hospital care and care provided by physicians. The Commission acknowledges the growing evidence that investing in home care can save money – while improving the quality of life for people who would otherwise be hospitalized. The report also indicates that the limited scope of the recommendations reflects the significant cost of including all home care services and as such, three areas of home care that should be included within the Canada Health Act are identified (post-acute, mental health, and palliative care).

In view of these initial limitations to the identified home care programs, the report states that the transfer should free funds in current provincial home care budgets, allowing the provinces and territories to use these resources to expand home care services to people with chronic conditions and physical disabilities. Eventually, as resources permit, expanded home care services focused on the needs of those with chronic illnesses and physical disabilities would also be included under the Canada Health Act.

Finally, the report acknowledges the burden on informal caregivers and the need for increased support.

Comments:

- RNAO welcomes this long-overdue expansion of Canadian Medicare. All of the areas included have merit: mental health, post-acute and palliative homecare. The clear intent is for omitted areas, such as chronic and supportive home care, to be included at a later date. While RNAO would prefer an immediate expansion to cover all areas of home care that are essential for maintaining health we understand the need to incrementally include this new service area.

- RNAO believes it is essential that provinces respond as the Commission suggests and work to invest the funds now being devoted to post-acute care to expand access to chronic and supportive home care. This will serve as an important stopgap until we expand Medicare guarantees to all needed home care services.

- RNAO seeks similar assurances with this fund as we recommended with the PHC fund – that there be clear assurances of continuing support once the two-year funding expires.

- RNAO is strongly supportive of the role of case management in mental health-care. We urge that care be taken that appropriately prepared providers act as case managers. In Ontario, this must be a regulated health professional – as an important way of maintaining accountability and access to appropriate care.

- RNAO strongly advises that these critically important reforms be enabled through companion legislation – and not by reopening the Canada Health Act.

9. Prescription Drugs

The Report recommends:
"*The proposed new Catastrophic Drug Transfer should be used to reduce disparities in coverage across the country by covering a portion of the rapidly growing costs of provincial and territorial drug plans." (p. 197)*

"A new National Drug Agency should be established to evaluate and approve new prescription drugs, provide ongoing evaluation of existing drugs, negotiate and contain drug prices, and provide comprehensive, objective and accurate information to health-care providers and to the public." (p. 199)

"Working collaboratively with the provinces and territories, the National Drug Agency should create a national prescription drug formulary based on a transparent and accountable evaluation and priority-setting process." (p. 205)

"A new program on medication management should be established to assist Canadians with chronic and some life-threatening illnesses. The program should be integrated with primary health care approaches across the country." (p. 206)

"The National Drug Agency should develop standards for the collection and dissemination of prescription drug data on drug utilization and outcomes." (p. 206)

"The federal government should immediately review the pharmaceutical industry practices related to patent protection, specifically the practices of evergreening and the notice of compliance regulations. This review should ensure that there is an appropriate balance between the protection of intellectual property and the need to contain costs

and provide Canadians with improved access to non-patented prescription drugs." (p. 208)

The Commission's recommendations are based on the assumption that Canada must begin integrating prescription drug coverage within Medicare – that drug therapy is as medically necessary as hospital or physician services.

The Catastrophic Drug Transfer would provide provinces and territories with additional funds to cover prescription drugs; protect Canadians from the potentially catastrophic impact of high cost drugs. The federal government would reimburse 50% of the costs of provincial and territorial drug insurance plans above a threshold of $1,500 per person/year (point at which drug expenses for an individual are considered catastrophic).

In turn, provinces and territories would be expected to expand access to prescription drugs within their own programs, by reducing deductibles or co-payments, or by extending coverage to those not now included.

The National Drug Agency would be charged with evaluating new and existing drugs as well as monitoring their use and outcomes across the country. This would ensure a streamlined, consistent and comprehensive process for ensuring the quality of drugs in Canada.

The existence of a national formulary would respond to the current, fragmented system of drug coverage across Canada. A national formulary would support consistent coverage, objective assessments, and cost containment. Linking medication management with primary health care would ensure that the effectiveness of prescription drugs could be monitored on an ongoing basis by teams and networks of health care providers working with individual patients.

The report discusses the current 20-year patent protection for pharmaceuticals. On the one hand it protects the intellectual property of pharmaceutical companies and offsets their investment in R&D. On the other hand it delays the introduction of lower cost generic drugs. The Commission acknowledges that evergreening does occur (variations of existing brand name drugs are made in order to extend patent coverage).

It is also noted that having the onus on generic drug manufacturers to prove their product is not infringing on a patent held by another manufacturer may unfairly delay approval of generic drugs. This is rather than having the onus on the patent drug manufacturer to show that their patent has been infringed.

Comments:

- RNAO strongly supports the Catastrophic Drug Transfer and is satisfied with the allocated $1 billion in federal funding over the next two years, to be matched or exceeded by the provinces. RNAO sees this recommendation as an important first step in having a comprehensive pharmacare program. RNAO's *Towards a*

Sustainable, Universally Accessible Health-Care System (2000) contains a similar recommendation. RNAO's very strongly supports Commissioner Romanow in his vision for a comprehensive pharmacare programme to include all necessary medications by 2020.

- RNAO welcomes the Commission's call for a national drug formulary - a recommendation that we have long supported as a vital way to ensuring better access, and cost-benefit of drug utilization.

- RNAO strongly recommends that pharmacare program be guaranteed through companion legislation and not through reopening of the CHA.

- RNAO strongly endorses any initiative that would reduce the length of patent protection for pharmaceuticals. We also urge the Prime Minister to take this stand. It is our view that the need of Canadians for these products to be available at reasonable costs outweighs the "intellectual property" need for such lengthy patent protection.

- RNAO also recommends that these initiatives include finding a way to return to the compulsory licensing system that Canada had before the Canada US Free Trade Agreement. This system allowed generic manufacturers to produce drugs whose patents were still active, for a licensing fee. Other initiatives could include more effective pricing control than is now provided.

- RNAO strongly supports the closer integration of the pharmacist into the primary health care team

10. A New Approach to Aboriginal Health

The Report recommends:
"Current funding for Aboriginal health services provided by the federal, provincial and territorial governments and Aboriginal organizations should be pooled into single consolidated budgets in each province and territory to be used to integrate Aboriginal health-care services, improve access, and provide adequate, stable and predictable funding." (p. 223)

"The consolidated budgets should be used to fund new Aboriginal Health Partnerships that would be responsible for developing policies, providing services and improving the health of Aboriginal peoples. These partnerships could take many forms and should reflect the needs, characteristics and circumstances of the population served." (p. 223)

The approach would consolidate funding from the various sources within the new Aboriginal Health Partnerships (AHP). The purpose of these partnerships is to organize health services and improve the health of the communities and people they serve. The AHP would be responsible for assessing needs, delivering or purchasing services,

assessing outcomes and providing public reports on the effectiveness and results of these efforts. Aboriginal peoples would have direct input in ensuring that programs are adapted to meet the needs of their community.

Underlying these recommendations is recognition of the poor health status of Canada's Aboriginal peoples – a fact that must be addressed. The report indicates that while considerable diversity exists among the recommendations offered by Canada's Aboriginal communities, all strongly recommend more active involvement of aboriginal communities in deciding what services are delivered and how.

Comments:

- RNAO applauds the recognition of the need to move urgently on the issue of Aboriginal health.

- RNAO applauds the recommendation of increased involvement by Aboriginal communities in decisions regarding health care within their communities.

- RNAO supports the need to for greater cultural sensitivity in nursing education programs and supports the need to have more educational seats dedicated to Aboriginal students.

- RNAO questions if the proposed pooling of resources will have universal support in the aboriginal community. We recommend as a next step a comprehensive consultation within Aboriginal communities to ensure that this approach has widespread support.

- RNAO also has questions about the structure proposed to integrate care. What will happen if an individual is unable to access needed care within their partnership… can it be accessed elsewhere?

- The structure is described as a fundholding organization. RNAO recommends more discussion about what the implications are of this. What happens if a care requirement is more expensive than the resources devoted to address this type of need? We are concerned that this approach could result in Aboriginal communities being at a greater disadvantage.

11. Health Care and Globalization

The Report recommends:
"Federal and provincial governments should prevent potential challenges to Canada's health-care system by:

- *Ensuring that any future reforms they implement are protected under the definition of "public services" included in international law or trade agreements to which Canada is party;*

- *Reinforcing Canada's position that the right to regulate health care policy should not be subject to claims for compensation from foreign-based companies." (p. 241)*

"The federal government should build alliances with other countries, especially with members of the World Trade Organization, to ensure that future international trade agreements, agreements on intellectual property, and labour standards make explicit allowance for both maintaining and expanding publicly insured, financed and delivered health care." (p. 241)

"The federal government should play a more active leadership role in international efforts to assist developing nations in strengthening their health-care systems through foreign aid and development programs. Particular emphasis should be placed on training health-care providers and on public health initiatives." (p. 243)

"Provincial, territorial and federal governments and health organizations should reduce their alliance on recruiting health care professionals from developing countries." (p. 243)

RNAO Comments

- RNAO has long supported the need to protect Canada's health and social programs from the threats posed by free trade agreements (FTAs) to this point. RNAO welcomes the attention the report gives to this serious problem, and welcomes the tone taken.

- RNAO has called for Canada to explicitly exclude health care and all other social programs from any international trade agreements. The report's recommendations fall somewhat short of that goal.

- RNAO agrees that Canada must continue to take an active role in assisting in the health-care needs of developing countries. The leadership of our national body, the Canadian Nurses Association, is remarkable in this regard.

- RNAO is very pleased with the strong moral position taken by the Commissioner and his specific recommendation regarding developing countries. C.N.A. and RNAO have long supported the right of individual registered nurses to migrate to the countries of their choice, but oppose any policy initiative directed to rob scarce human resources from the very countries that badly need them. RNAO's position is that Canada should produce its own health care professionals and not rely on those from other countries.

Conclusion

RNAO is very strongly supportive of the spirit and the letter of the Romanow Commission Report. **Building on Values: The Future of Health Care in Canada** is a proud successor to the gift that Tommy Douglas gave Canadians -- Medicare. Nurses were vital then, and we are equally vital now. Together, with the public, we must ensure

that the federal and provincial governments implement **all** of Commissioner Romanow's recommendations.

This report offers a clear blueprint from which we can build Medicare's second generation – a comprehensive health system that includes universal coverage for hospitals and for strong community services -- delivered by a healthy workforce.

Together we can – indeed we must - make it happen!