

Intelligence MEMOS



From: Rosalie Wyonch
To: Health Policymakers and Administrators
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Re: **HEALTHCARE PRIORITIES 2023**

Throughout 2020–2022, there was scarcely a day without a healthcare crisis on front pages. The continuation of COVID-19, the surge in demand related to pandemic backlogs, other respiratory epidemics and outbreaks such as influenza all contributed to severe and often unsustainable strain on healthcare capacity.

Among signs that the system has hovered near the breaking point for a few years, Canada, along with many other nations, is experiencing widespread labour [shortages](#).

The healthcare system is unlikely to fully recover without systemic and structural changes. To ensure accessible high-quality care for all Canadians, in the face of continued demographic, staffing, access and budgetary challenges, these changes should focus on improving efficiency and productivity.

It may seem that the pandemic is over, with Canada's [high vaccination rates](#) and the 2022 end to public health restrictions. Even so, an average of 302 people a week [died from COVID-19](#), resulting in about 16,000 deaths in 2022, little changed from the 2020 toll of 16,151.

As of February 2023, there were about 3,900 people hospitalized for COVID-19 with 171 in an ICU. COVID-19 still consumes about 3 percent of ICU capacity and remains a threat to public health. There is a continuing need to ensure adequate hospital capacity and to mitigate risks for vulnerable populations, [particularly seniors](#). This will require increased capacity in non-institutional settings to increase disease prevention, improve access to early diagnosis and provide alternate channels to access healthcare outside hospitals and long-term care, as well as encouraging uptake of booster vaccines in the population.

The C.D. Howe Institute's Healthcare Policy Research Initiative and Health Policy Council have identified a number of priorities focused on system reform and improving access to healthcare. Its top priorities include:

- **Addressing gaps in access to primary care and [shortages](#) of healthcare providers** by considering alternative methods of [care delivery](#) and [management](#), [increasing scopes of practice](#) for nurses and other allied professions, and increasing the number of residency positions available for foreign-trained medical graduates.
- **Innovation in digital health informatics and expanding virtual care**, by filling information gaps identified during the pandemic, expanding data standards and linkages, and refining provincial insurance billing codes for virtual care provision.
- **Establishing a patient/citizen-centric focus for systemic health modernization**. Increasing access to and quality of healthcare while also ensuring prudent fiscal management will require a value-based lens on innovation and reform. The trade-offs and opportunity costs of healthcare delivery and management must carefully balance maximizing value for taxpayers and optimizing outcomes for patients.

Ongoing incremental reforms of Canada's healthcare systems over the decades have failed to keep pace with the growing complexity of treatment and the needs of the population. The challenges facing healthcare systems are not unique to Canada, and many countries are grappling with complex health reform questions about how to improve access to and quality of healthcare with limited resources and already complex healthcare systems.

In Canada, systemic obstacles to change and innovation include segmented funding and management of different parts of the industry, constitutional divisions and political tensions between levels of government, and a dependence on political processes for reforms and expansions of public healthcare.

In the short term, there are a number of incremental improvements that can be made to address the most acute challenges. Over the longer term, however, achieving world-class productivity, efficiency and outcomes will require breaking down the systemic obstacles to innovation in the healthcare system.

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