Intelligence MEMOS



From: Don Drummond, Duncan Sinclair, David Walker and David Jones

To: Canada's Healthcare Observers

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Re: THE HEALTHCARE CRISIS IS UPON US

This past May, six Kingston family physicians retired from their practice, leaving no successors to refill prescriptions, check out a child's persistent cough, the pain in dad's knee, mom's upset stomach, grandpa's aches and pains, granny's forgetfulness – every family's worrying signs of potentially failing health. Ask any of the approximately 8,000 now-orphaned patients about this being a crisis.

Combine that with hours of waiting in an emergency room – even longer to be admitted – and longer still to be discharged from hospital in the absence of an alternative, either a nursing-home bed or what people really want: homecare and support in the community. These and other problems have been around a while. What's new is that they are worsening fast, continuing to erode Canadians' confidence in our publicly funded 'system' combined with angst that nothing much seems to be going on to fix them.

First, we need the provincial, territorial, and federal authorities to provide accurate and timely nationwide data and information to identify and assess the sources and severity of those problems, their effect on the health of Canadians, and to figure out the most effective ways of solving them.

Why is it that primary care – health care's front door – is no longer the popular choice of newly trained physicians, nurses, and other health professionals, and what can be done to rectify the increasing shortage? We know that teams of health professionals working together with broader scopes of practice to provide people both care and support for continued good health offer higher productivity and professional satisfaction. The fact that the population of Canadians aged 75 and over – already a bigger group than ever – will double again in 20 years has been known for a long while. No province, territory, or even Canada as a whole is prepared to cope with that demographic change, and each needs to do so in short order.

How can retention of personal support workers be increased beyond the shockingly short average of 12 months after completing their training? The same can be asked of nurses and others. Is the level of pay, their job security and benefits, or the respect they and their work are accorded by their colleagues and the people they serve? The productivity of many health professionals – doctors and nurses especially – is seriously reduced by an excessive burden of administrative work, as much as an hour of paper-pushing for every hour of actually seeing and supporting patients. Surely modern technologies and work substitution can be harnessed to reduce that misuse of talent and training. There are thousands of incompatible clinical data systems out there; would it not make sense for every Canadian to have access to a single, standardized platform, shareable among all their care- and support-givers?

None of these issues are new. What's new is their continuing deterioration over many years to the point of crisis and the broadening awareness of Canadians from coast to coast to coast that our vaunted publicly-funded health 'system' is not what it used to be. What's also new is the development of a carefully thought-out, do-able plan to make change expeditiously nation-wide. Our recent C.D. Howe Institute <u>paper</u> focuses on health-service improvement, not simply cost saving, which has been the feature of many past reports. It is based on a solid foundation of information and planning for the greater integration of health services, and more effective deployment of their providers in teams tailored on site to meet the priorities and needs of Canada's varied regions and communities. It is also based on a widely shared consensus on the changes needed now to get on a path in which Canada's health 'system' is real, integrated, and one that supports strongly the achievable goal of helping all 21st century Canadians be among – if not *the* – healthiest people in the world.

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