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Crisis Working Group Report Public Health and Emergency Measures

The C.D. Howe Institute has initiated a special project to provide rapid expert insights to help Canadians and Canadian policymakers navigate the COVID-19 crisis. The complexity of the current crisis and its far-reaching effects have necessitated across-the-board policy responses. Accordingly, the C.D. Howe Institute has convened specialized groups to discuss the ongoing policy issues in the following areas:

- Public Health and Emergency Measures
- Household Income and Credit Support
- Business Continuity and Trade
- Monetary and Financial Measures

The Public Health and Emergency Measures working group is Chaired by Janet Davidson, Chair of the Board of the Canadian Institute for Health Information, former Deputy Minister of Health (AB) and C.D. Howe Institute Senior Fellow, and is supported by a group of health academics, professionals and business leaders. Meeting weekly, this group will examine policy ideas, and publicly communicate the results of its discussions via Communiqués. The Working Group's first meeting was March 27, 2020. The purpose of the initial meeting was to discuss and prioritize key policy issues that affect the healthcare system's capacity and ability to effectively respond to the COVID 19 pandemic.

The working group noted that the COVID-19 pandemic contains echoes of the SARS outbreak in 2003 but COVID-19 is notably distinct from a public health perspective. One notable distinction was that the effects of COVID 19 are much broader from a societal perspective – the need to physically distance due to the number of cases and community spread has resulted in significant disruption to almost all sectors of the economy. A group participant noted that the effects of the SARS outbreak were much more concentrated in the hospital setting, and while it was disruptive, the presence of COVID-19 in communities broadens the range of health professionals and institutions directly involved in treating patients and managing the spread of disease.

Following the SARS outbreak, numerous reports related to disease outbreak preparedness and management were written ([Naylor 2003](#), [Walker 2004](#), Campbell 2006). Several members of the group



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noted that analysis of the recommendations in these reports as well as their implementation is needed to gauge whether we were adequately prepared for COVID-19.

Due to the complexity of the current crisis and the time required to implement broad health system changes, the group discussed challenges in addressing short-term needs and longer-term changes required to improve our capacity to respond to infectious disease outbreaks in future.

Intergovernmental Collaboration

A Federal/Provincial/Territorial Public Health Response Plan for Biological Events has been activated to enable a more consistent and collaborative approach to disease management across the country. Group members pointed to the variability of testing strategies across provinces, noting Ontario is only testing vulnerable populations while Alberta and British Columbia are conducting tests on a more widespread basis. This was seen by group members as an indicator that collaboration could improve. And even at the highest level, provincial testing falls far below that seen in jurisdictions such as Taiwan and South Korean. The group noted that since each province manages and administers its own healthcare system, some variability is expected. However, where policies fall below an objective measure of what is required from a public health perspective, this raises the issue of whether the federal government could (both legally and practically) invoke the Emergencies Act to address deficient testing and contact tracing across provinces.

Allocating Scarce Resources – Medical Staff and Supply Shortages

The current pandemic is illuminating the cracks in Canada's healthcare system and specifically the relatively low rates of hospital beds and medical personnel per capita. Concerns about consistent and adequate access to medicines, testing reagents and other inputs are compounded by border and airport closures that are disrupting commercial shipping routes. Shortages of primary care providers, physicians, nurses, personal support workers and other care providers that were manageable prior to the crisis have become acute as demand surges and some health providers themselves are exposed to COVID-19 and require isolation.

The group discussed the need for strategies to allocate scarce resources to the applications where they will have the highest impact on disease spread. Addressing shortages of personal protective equipment, ventilators and other equipment should be of paramount concern, as the healthcare system cannot run at full capacity if many health workers are unable to work due to COVID 19 exposure. Further, there is a desperate need to ensure that all medical personnel (whether in hospitals, in long-term care homes or in home care settings) are regularly tested for COVID-19 to ensure their safety and the safety of the patients they treat. Strategies for addressing acute capacity constraints – labour and supply shortages – are a priority for discussion in future Working Group meetings.

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Medium-Term Agenda

Policymakers and health administrators require accurate and up-to-date information about the epidemic to be able to respond effectively to it. The current state of electronic medical records across Canada, however, does not allow for the rapid aggregation and anonymization that would make the data useful for comprehensive analysis of the ongoing epidemic, as well as measuring the effectiveness of policy interventions. Better standardization of electronic health data and medical records would enhance the government's capacity to track and manage public health crises.

The group also discussed aspects of social policies not directly related to healthcare but relevant to disease spread and ability to practically implement physical distancing measures. One particular example was homelessness – the lack of affordable housing, combined with an at-capacity shelter system in some cities makes physical distancing a practical challenge for the vulnerable homeless population and those working to support them. More generally, the current crisis situation is exhibiting gaps in the social support systems for vulnerable populations across the country. Addressing existing gaps has necessitated extensive emergency support from government.

Finally, the group noted that many of the issues we are facing today in terms of the health system's ability to manage a crisis are also important to improving the quality and coordination of healthcare when the system is not in acute crisis. Group members said it is important to address forward-looking issues, those pressures that may arise in future, and policy actions that could be taken now to address them.

The members of the Public Health and Emergency Measures Crisis Working Group Include:

Dr. Sacha Bahtia, Director of Institute for Health Systems Solutions and Virtual Care, Women's College Hospital.

Åke Blomqvist, Health Fellow-in-residence C.D. Howe Institute; Adjunct Research Professor, Carleton University.

Tom Closson, Co-Chair Health Policy Council C.D. Howe Institute.

Janet Davidson (Chair), Senior Fellow C.D. Howe Institute; Chair of the Board Canadian Institute for Health Information.

Duncan Sinclair, Emeritus Professor, Queens University.

Colleen Flood, Professor & Director, uOttawa Centre for Health Law, Policy & Ethics University Research Chair in Health Law & Policy.

Catharine Whiteside, Executive Director, SPOR Network in Diabetes, Emerita Professor and Former Dean of Medicine.

Rosalie Wyonch, Policy Analyst and Research Lead, Health Policy Council C.D. Howe Institute.