

Position Statement Access to Health Care

All Canadians should have equitable access to quality health care to help meet their primary, acute, mental health, chronic and palliative care needs, and to improve their quality of life based on the best possible health outcomes rather than the ability to pay.

Background Information

Every day in all regions of Canada, thousands of Canadians receive high quality medical services. Ironically at the same time, many Canadians do not have access to clinically necessary health care that is timely, equitable and appropriate. There is a direct link between treatment access and optimal health outcomes whether individuals have a health condition that is acute, life threatening, progressive or life-long.

There have been tremendous advances in health sciences over the past few decades. As a result, people with serious health conditions are living longer, more active and productive lives. Increasingly, more health care can be provided in the community, often self-administered. Legislation and policy have not kept pace. The legislative foundation for health care delivery is the *Canada Health Act* and was developed when most health care was delivered in hospitals and by physicians. The Act's basic tenets of universality, portability, comprehensiveness, accessibility and public administration remain relevant; however, the Act itself primarily addresses "physician and hospital" services.

During the past few years, medical and nursing organizations, a Senate committee and the provincial/territorial premiers have examined how health care in Canada could be transformed to better serve people living with serious health conditions.

The Canadian Medical Association and Canadian Nurses Association spent a number of months developing principles to guide health care transformation based on health care being patient-centred, of high quality, equitable and sustainable. In February 2012, the Health Charities Coalition of Canada (HCCC) endorsed the principles¹.

In March 2012, the Standing Senate Committee on Social Affairs, Science and Technology released its review of the 2004 Health Accord². It called for transformative change to the health care system including establishment of guiding principles to ensure patient-centred care, accountability measures for the needs of people with disabilities and the development of both a pan-Canadian home care strategy and a national pharmacare program based on universal and equitable access.

In July 2012, the provincial and territorial premiers meeting as the Council of the Federation released a number of recommendations including how to increase access to primary care, more emergency services in rural communities and enhanced home care.

HCCC is encouraged that a number of similar themes has emerged from all of this work and common ground appears to be emerging that could lead to improved health care across Canada.

¹ A copy of this letter of endorsement is available on request from the Health Charities Coalition of Canada office - <http://www.healthcharities.ca/contact.aspx>

² Senate Canada: *Time for Transformative Change – A Review of the 2004 Health Accord* – March 2012 - <http://www.parl.gc.ca/Content/SEN/Committee/411/soci/rep/rep07mar12-e.pdf>

Scope of Position Paper

This paper focuses on the need for improved access to health care in Canada. For the purposes of this paper, health **care** refers to resources required by a person in order to preserve and/or improve his/her physical and/or mental health. Specifically this refers to:

- Medical devices and drugs approved by Health Canada for sale in Canada that are prescribed by a licensed physician or other regulated health care professional, and
- Services within the scope of practice of a regulated health profession licensed/certified by provincially/territorially mandated 'Colleges' (in Québec l'ordre').

Access refers to the ease with which an individual can obtain health care that is clinically necessary. Access is a complex concept involving a number of aspects. The needed treatment needs to be available at a reasonable cost. Access to treatment may be limited by eligibility criteria, where it is available and whether it is provided in a socially and culturally understood context. For treatment to achieve its optimal health outcome, access must be timely and relevant and the person receiving treatment must accept and understand it.

Major Issues

The concepts of comprehensiveness and accessibility in the *Canada Health Act* are being undermined as the result of health care delivery moving from hospitals/physician offices to the community. While the move from hospital to the community is welcome, the subsequent "downloading" of costs to individuals has a profound impact on access. Where publicly funded, community-delivered services exist, capacity is often very limited; criteria for access is very restrictive and waiting lists long. For example, while in hospital a person usually receives any necessary rehabilitation services, medications and diagnostic tests promptly and at no cost to the individual. The situation in the community is very different with barriers to timely access occurring all too often.

After almost fifteen years of persistent pain, I was finally diagnosed with osteoarthritis. Unfortunately, along with the diagnosis came skepticism from doctors who informed me I was experiencing the normal aches and pains of aging. Even when my battle became so great that I needed a wheelchair, I was told I was too young for a hip replacement. The pain was so bad that I had to give up a career that I loved. Physical activities, like swimming and skiing became impossible and my young daughter spent her youth acting as her mother's helper.

I became my own health care advocate. I educated myself about arthritis, researching every available treatment, exploring the latest findings and tracking down new drug options. I found to my frustration that Canadian health care wasn't keeping up. Inconsistencies in the system meant I had to travel a long way from one province to another to receive the treatment I required. I was relieved to finally find a drug that worked for me, only to discover that it wouldn't be covered by my health plan. Faced with agonizing pain, I had no choice but to pay for the costly medication.

My determination paid off and, in 2002, I finally got two hip replacement surgeries and successful back surgery. Today, my career is back on track, but I can't help wondering: who will fight for the millions of other Canadians suffering from this debilitating disease?

Unfortunately, access to health care depends on where a person lives in Canada. Local or regional decision-making can impact whether an individual with cancer, cystic fibrosis or other life threatening diseases has access to treatment that his/her physician believes is vital. Depending upon the local distribution of internal medicine specialists, an individual with Crohn's disease may have to wait months to have necessary medications prescribed or adjusted. The same applies to most specialists, including rheumatologists, neurologists, oncologists, etc. The situation for children is dire, as there are many fewer paediatric specialists, and they tend to be located near academic health centres.

Timeliness of access to health care can have a significant negative impact on health outcomes. For many chronic conditions, such as rheumatoid arthritis, delays in diagnosis and treatment can lead to unnecessary pain and permanent disability. While progress has been made in some areas such as short-term post-acute home care, according to the [Health Council of Canada's 2012 progress report](#)³, the sole focus on short-term home care in the health accords has meant that long-term home care needs, particularly the needs of seniors with multiple chronic conditions, have not received the same degree of attention. (*Progress report 2012: Health care renewal in Canada, page 6.*)

The shortage or uneven geographic distribution of specialists, or other health practitioners, can result in waits that far exceed established standards. In some areas of Canada, there are no or too few family physicians, resulting in people having to travel long distances for treatment or having to wait months to see the appropriate specialist. Family physician shortages have a compounding effect on the rest of the system since they often control the entry point into the health care system. The demand for operating room space and diagnostic tests all too often outstrips capacity, more so in some areas of Canada than others. These misalignments in capacity and delivery can have very serious consequences ranging from weeks or months of unnecessary pain, to preventable permanent disability, to premature death.

As well, health care silos are ubiquitous in the current health care system, despite evidence that increasingly supports the benefit of multidisciplinary, patient/client-centred delivery. The multidisciplinary team approach is especially critical for Canadians with more than one health condition and where the condition is chronic (long-term or life-long).

The uneven approach to how drugs are approved and funded also has a negative impact on Canadians who rely on medications to maintain health. After Health Canada approves a drug, it then goes through at least one and often two additional layers of review at the provincial/territorial level to determine if it will be funded through the provincial/territorial publicly-funded plan. This has two major impacts. First, the additional reviews add more time – often months and sometimes years – before a drug is approved for reimbursement. Second, the eligibility criteria for the drug may vary significantly from one province to another, which means a person living with multiple sclerosis may be eligible for a new drug if she lives in one province but not in the neighbouring one. Provincial drug programs also differ in how much of the cost of their

³ Health Council Canada: *Progress Report 2012: Health care renewal in Canada*, June 2012 (Page 6)
http://healthcouncilcanada.ca/tree/ProgressReport2012_FINAL_EN.pdf

approved drugs are reimbursed. Access could be improved greatly by expanding the range of drugs available on all provincial drug programs and a cap put in place so that no Canadian faces a financial barrier that prevents access to necessary treatments.

Other Considerations

While progress is being made, Canadians, and in particular those who depend on health related decisions, have not been meaningfully engaged in the planning, decision-making and review processes related to health care access. This is unfortunate, since they would bring valuable insights from a range of perspectives.

I was originally diagnosed with Crohn's disease in 1984. After 27 years of battling this condition, it became necessary for surgical intervention. I lost 170 centimetres of extremely diseased small bowel and am now faced with living out the remainder of my days with a colostomy appliance (an 'ostomate'). In my first year as an ostomate, I have had the need for ongoing supplies. This costs me \$7.99 per day or \$2,916 per year. The provincial funding program provides assistance of \$600 per year, an amount which is sadly deficient by comparison to other provinces in true assistance for required post-operative treatment. In addition, I have additional costs for restorative skin treatments (wipes, removers and powders) for excoriated skin caused by extended use of skin barriers or appliance failures. More support is needed.

This position paper focuses on access to health care for residents of Canada who are eligible for coverage under public (federal/provincial/territorial) health plans, including plans for Aboriginal communities. However, it is important to consider the increasingly important interaction between public plans and private/employer-paid extended health benefit plans. Historically, many drug benefit plans offered by employers covered all Health Canada-approved therapeutic products. Increasingly, private insurers and employers are looking for options to manage the cost of workplace health benefit plans. This is, in part, a result of a marked escalation in the number of high cost medications that are required for extended periods, in many cases for life. This is beginning to have significant impact on access to health care for Canadians.

Further, the lack of transparency about the criteria and processes used to make decisions relating to access to medications often keep the Canadians who use and fund the system in the dark.

Recommendations

- All levels of government must make access to health care a **priority**.
- All levels of government must develop and implement **multi-disciplinary, patient-centred models for health care delivery** to optimize health care outcomes, especially chronic care models. These models need to address timely, equitable and appropriate access.

- **Inability to pay** must never prevent any Canadian from receiving:
 - Medical devices and drugs approved by Health Canada for sale in Canada that are prescribed by a licensed physician or other regulated health care professional, and
 - A service within the scope of practice of a regulated health profession licensed/ certified by provincially/territorially mandated 'Colleges' (in Québec 'l'ordre').
- Canadians who depend on health related decisions must be meaningfully **engaged in the planning, decision-making and review processes**.
- All levels of government must include **private payers** as an important stakeholder in ongoing discussions about access to health care.

About the Health Charities Coalition of Canada

HCCC, a member based organization, is dedicated to advocating for sound public policy on health issues and promoting the highest quality health research. HCCC strives for excellence in health policy and seeks to ensure that the federal government and policy makers look to the Coalition and its members for timely advice and leadership on major health issues of concern to Canadians; and that they recognize the competence, commitment and contributions of health charities in improving the health and well-being of Canadians.

HCCC's Member Organizations are:

Alzheimer Society Canada - www.alzheimer.ca
Amyotrophic Lateral Sclerosis Society of Canada (ALS Canada) - www.als.ca
The Arthritis Society - www.arthritis.ca
The Asthma Society of Canada – www.asthma.ca
Canadian Breast Cancer Foundation - www.cbcbf.org
Canadian Cancer Society - <http://www.cancer.ca>
The Canadian Continence Foundation – www.canadiancontinence.ca
Canadian Diabetes Association - www.diabetes.ca
Canadian Hospice Palliative Care Association – www.chpca.net
Canadian Liver Foundation - www.liver.ca
Canadian Lung Association – www.lung.ca/home-accueil_e.php
Canadian Orthopaedic Foundation - www.canorth.org/
Crohn's and Colitis Foundation of Canada - www.ccfc.ca
Cystic Fibrosis Canada - www.cysticfibrosis.ca
Easter Seals Canada – www.easterseals.ca/english
The Foundation Fighting Blindness - www.ffb.ca
Heart and Stroke Foundation of Canada - <http://www.heartandstroke.ca>
Hope Air – www.hopeair.org
Huntington Society of Canada - www.huntingtonsociety.ca
Kidney Cancer Canada - www.kidneycancer canada.ca
The Kidney Foundation of Canada - www.kidney.ca
Lymphoma Foundation Canada - www.lymphoma.ca
Multiple Sclerosis Society of Canada – www.mssociety.ca
Muscular Dystrophy Canada – www.muscle.ca
Osteoporosis Canada - www.osteoporosis.ca
Ovarian Cancer Canada - www.ovariancanada.org
Parkinson Society Canada - www.parkinson.ca
Patients' Association of Canada – www.patientsassociation.ca
Prostate Cancer Canada - www.prostatecancer.ca