THE COLLEGE OF FAMILY PHYSICIANS OF CANADA | LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Improving Access: Priorities for Family Medicine Advocacy for the 2019 Federal Election

Introduction

Canadians rank health care as the most important issue that federal political parties should be addressing in this year's federal election.[1] Half of polled respondents ranked health care as one of their top three issues in the upcoming campaign—the highest percentage out of all the areas explored.[1] The College of Family Physicians of Canada (CFPC) is focusing on three key areas for health care improvement where federal leadership can improve access for everyone in Canada.

First, the federal government should actively support a Canada-wide application of the **Patient's Medical Home (PMH)** principles. The PMH is the CFPC's vision for family medicine and primary care reform that offers patients comprehensive, continuous care from an interprofessional team of health care providers led by their family physician. Future governments can support the PMH by ensuring uniform application of its principles across provinces through leadership and a time-limited transition fund. A federal government can also demonstrate leadership by directing federal agencies responsible for direct health care delivery to adopt the vision in their work.

Second is the delivery of **mental health services** in an integrated primary care environment. Ninety-six per cent of Canadians feel that improving the availability of mental health services is important, and 71 per cent of Canadians would be more likely to vote for a political party that plans to make this improvement.[1] Several actions are available to leaders looking to improve access, such as integrating mental health services as a crucial component of primary care, achieving mental health parity across Canada, and increasing funding and supports to enable mental health services reform. With one in five Canadians experiencing mental illness, and that number increasing to one in two by age 40, mental health is an urgent priority that all candidates should address.[2]

Finally, adopting a **public, universal, national pharmacare** program ensures that everyone in Canada will have access to the medication they require. A universal national program is publicly funded and available to everyone in Canada, enabling all advantages that come with such a system (including enhanced purchasing power).[3] Three-quarters of Canadians support the implementation of universal pharmacare.[1]

Support the Patient's Medical Home Vision: Calls to action

Standardize the PMH vision across Canada and support reforms through a primary health care transition fund

To meet the evolving health care needs of Canadian residents we need a primary care system that is accessible and provides care that is continuous and comprehensive. The PMH vision addresses this need. Emerging research shows that applying PMH-aligned reforms to primary care delivery structures results in better care for little or no change in overall cost, confirming that the PMH offers considerable value to the health care system.[4,5]

Overall, improvements that the PMH is associated with include:

- Reduced emergency department visits and hospitalization
- Improved access to care
- Enhanced delivery of preventive care
- Improvements in quality of care
- Higher satisfaction for providers and patients[5]

The PMH is an interprofessional vision and is supported by a wide range of organizations, including the Canadian Nurses Association, Canadian Home Care Association, Canadian Association of Social Workers, Canadian Medical Association, Canadian Public Health Association, Canadian Family Practice Nurses Association, Canadian Forces, Royal College of Physicians and Surgeons of Canada, as well as Canada Health Infoway and Working for Change.

The current application of PMH principles is uneven across Canada. It is finding success in some provinces, but the pace of change could be faster. Some examples include:

- Primary care networks (PCNs) in Alberta accommodate many of the principles of the PMH. Approximately 88 per cent of Albertans receive their primary care through a PCN, while 80 per cent of primary care physicians work in this model.[6]
- In Ontario, about 25 to 30 per cent of patients receive care from a family health team (or similar) model that most closely resembles a PMH practice.[7] However, these numbers have been capped for some time. While the Ontario government has made some positive comments about adopting PMH principles in their concept for new Ontario Health Teams, there is much room to grow.[8]
- Most other provinces have their own take on a PMH-type of reform, but progress can be slow.[9]

Accelerating it through a **time-limited primary care transition fund**, modeled on the Primary Health Care Transition Fund (2000), will benefit patients across the country.[10] The previous transition fund helped support some provinces establish early PMH-like practice models, most notably in Alberta, Ontario, and Quebec. The fund made $800 million available over six years to underwrite the costs of transitioning to new approaches for primary care delivery. Other organizations such as the Canadian Medical Association, Canadian Nurses Association, and Canadian Association of Social Workers also support adopting this type of fund.

The benefits of accelerating the transition to PMH models include improving access to community-based collaborative care, reducing stress on secondary and tertiary health infrastructure, and ameliorating both patient and provider satisfaction and well-being.

Adopt the PMH in all areas of federal health delivery

While health care delivery, and access to care, is primarily a provincial responsibility, the federal government has direct control over the care of certain defined populations. These groups include the Canadian Armed Forces' active service members and eligible veterans; persons incarcerated in federal correctional facilities; First Nations peoples on reserves, and Inuit; and some refugee claimants under the Interim Refugee Health Program. Taken together, these populations form the fifth largest group of patients under one governmental responsibility, among Canadian jurisdictions. Federal delivery of health care is a substantial part of our overall system.

The federal government has an opportunity to demonstrate leadership and model the benefits of reforming primary care for populations under its care in alignment with the PMH vision. The CFPC has already established a strong collaborative relationship with Canadian forces and Correctional Service Canada aimed at propagating using PMH-aligned care structures for relevant populations.

Modelling the benefits of the PMH in its own health care delivery, the federal government has an opportunity to directly demonstrate best practice rather than compel adherence to a model through traditional funding and oversight provisions of the *Canada Health Act*.

Access to Mental Health Services: Calls to action

Integrated treatment for mental health in primary care settings

Currently, 80 per cent of Canadians rely on their family doctors for mental health care. However, many physicians do not have the necessary supports, resources, or capacity to treat patients who live with mental illnesses.[2] Integrated treatment for mental health in primary care offers an opportunity to treat the whole patient. Integrated treatment models provide more comprehensive and patient-centred care than approaches that treat mental health problems in silos without effective communication between providers. Additionally, integrated care is an efficient model because the synergies it establishes strengthen the capacity of primary care more broadly.[11]

The **Collaborative Care Model (CCM)** is an intensely researched integration model that is supported by literature as a cost-efficient and evidence-based strategy for improving outcomes and managing mental health conditions in primary care settings.[12] Under the CCM process, primary care and mental health providers share resources, expertise, knowledge, and decision making to ensure that patients receive person-centred, effective care from the right provider, in the most convenient location, and in the most timely and well-coordinated manner.[13] This model ensures that more of the population can access mental health care in a way that minimizes stigma and discrimination.[14]

The CCM involves collaboration between primary care physicians, case managers, and mental health specialists, and involves six components. These include patient self-management support, redesign of delivery systems, use of clinical information systems, provider decision support, health care organization support, and linkages to community resources.[15] This model has been applied in the United Kingdom, Netherlands, and Italy and Germany.

The success of the CCM is often facilitated by clear communication between team members, greater access to consultation services to increase provider confidence, and co-location of services.[16] However, barriers to successful implementation of the CCM include stigma, insufficient training of providers, insufficient resources to support treatment, lack of clarity about how intense interventions should be, and lack of capacity.[16] Some of these barriers, such as additional training and capacity, can be addressed through robust support from the federal government.

More can be done to better integrate treatment for mental health into primary care settings. The federal government should support the implementation of the CCM as a model for providing mental health services in community care settings. This can be accomplished by **dedicating targeted funding for the co-location of mental health workers within primary care practices**. The CCM would also be facilitated through improving the coverage of mental health services through public insurance plans and making these services more readily available. Quebec pioneered this work by introducing public coverage of psychotherapy services in 2018.[16] The federal government must expand this across the country by introducing Canada-wide standards for increased coverage of mental health services under provincial insurance plans.[17]

Mental health parity

Both the United States and United Kingdom have recognized through legislation that mental health services must be offered in parity with physical health services, but Canada has yet to do the same.[17] Through adopting a **Mental Health Parity Act**, the federal government would demonstrate leadership in health care delivery. This legislation would be supported by important actors in mental health advocacy including the CFPC, Canadian Alliance on Mental Illness and Mental Health, Organizations for Health Action, and Canadian Mental Health Association.

The concept of mental health parity refers to the notion that mental health should have **equal status** with physical health within health care systems.[17] This requires more than just improved funding for services. It also includes equal access to the most effective and safest care and treatment; equal efforts to improve providers' quality of care and the allocation of time, effort, and resources; and equal status in the measurement of health outcomes.[17] This is not currently being achieved in Canada.

It is important that this Mental Health Parity Act include components such as:

- Better funding for evidence-based therapies
- Improvements in quality of care through the integration of services
- Investments in promotion, prevention, and early intervention
- Addressing stigma and discrimination and ensuring equitable access
- Research on mental illness and evaluation of health outcomes[17]

The current costs to the overall economy are staggering. In 2011 the economic cost of mental illness was $51 billion, around 2.8 per cent of Canada's gross domestic product.[17] In any given week 500,000 Canadians are unable to work due to mental illness, and mental health issues account for more than $6 billion in losses due to absenteeism and presenteeism.[18] Likewise, mental illness costs Canada $42.3 billion in health care, social services, and income support.[18] However, investing in mental health can make a dramatic difference. For every dollar spent on publicly funded psychological services, two dollars would be saved within the health system.[18]

Additionally, mental health and mental illness are largely influenced by the social, economic, and physical environments in which people live.[18] Research has shown that the three most significant determinants of mental health are social inclusion, freedom from discrimination and violence, and access to economic resources.[19] In addition to improving access to mental health services, an important element of mental health parity includes ensuring that these social determinants of mental health are addressed through improvements in policy and social services. This can include mental health promotion such as creating conditions for inclusion, promoting wellness, and addressing the root causes of poverty, trauma, and marginalization.[20] Investments in strong income security programs, housing, disability supports, unemployment benefits, and family supports including child care—alongside investment in mental health care—can significantly address the social determinants of health for all citizens.[20] By increasing social spending by two per cent, along with mental health promotion and illness prevention, studies have found that Canada can reduce avoidable deaths by three per cent and increase life expectancy by five per cent.[20]

To ensure a true mental health parity, the federal government must engage provinces and territories in implementing funding and systems changes that will enhance the capacity to provide mental health services within primary care teams.[20] In addition to providing more federal funding earmarked for mental health services, the federal government must also ensure that provin-

cial and territorial health insurance plans cover mental health services.[20] This is a critical point for improving the accessibility of mental health services for all.

Universal Pharmacare: Calls to action

Introduce a universal, single-payer national pharmacare program

Of 29 OECD countries, Canada has the third-highest patented drug prices, resulting in inaccessibility for many.[20] One in 10 Canadians cannot afford to take medicines as prescribed—compared to other countries this is one of the highest rates of cost-related non-adherence to prescription drugs.[21] Research suggests that lack of universal drug access often contributes to non-adherence in patients, resulting in higher rates of hospital admissions, deaths, and increasing costs to the health care system.[22,22] Research shows that due to high prescription costs, Canadians use their medications inappropriately or not at all. A Quebec-based study of almost 16,000 patients found that nearly one in three prescriptions went unfilled, while recent research from the Mayo Clinic shows that nearly half of patients do not take their medications as prescribed.[23,24] Another study highlighted that approximately one million Canadians trade off spending on necessities such as food and heating to pay for essential prescription medicines.[25] The final report by the Advisory Council highlighted that under the current system in 2018, Canadians spent $34 billion on prescription medicines, and if no changes are made that number will increase to $55 billion by 2027.[26] The lack of adequate and affordable coverage is not only damaging to people's health and well-being but also harms the Canadian economy.[26]

Equity is important and a single-payer national pharmacare program would provide coverage for everyone, resulting in greater access to prescription drugs, leading to better population health and positive social outcomes.[27]

The CFPC urges the federal government to develop a **universal, single-payer national pharmacare program**. Increases in spending on prescription drugs have surpassed spending growth for both hospital and physician services and are now the fastest growing contributor to public health expenditures in Canada.[27] Providing robust social supports that include universal access to health care and pharmacare is essential for Canada to succeed in a global economy. Canada remains the only developed country with a universal health care system that does not provide universal coverage of prescription drugs.[28]

Several studies highlight that while a national single-payer pharmacare program would lead to significant net health care savings, it does require a substantial initial investment by the federal government.[29] Canadian residents and employers would save on out-of-pocket costs and insurance premiums, whereas the federal government spending would need to increase. A study by the Canadian Centre for Policy Alternatives suggests that a single-payer pharmacare program would decrease the amount spent on prescription drugs for Canadians and employers by $16.6 billion annually, with Canadian families saving an average of $350 and employers saving an average of $750 per employee per year.[29,30] The final report by the Advisory Council on the Implementation of National Pharmacare predicts that universal pharmacare would cost the government approximately $15.1 billion per year until the plan is fully implemented. However, several studies show that the long-term health benefits offset the initial investment.[31] For example, a national pharmacare program could improve labour mobility, as a lack of drug coverage for low income individuals may discourage them from seeking paid work.[31]

The federal government should support universal single-payer pharmacare, as it would lead to the greatest degree of consistency across the country. As a strong central negotiating power, the federal government will increase bargaining power and reduce the cost of prescription drugs. Various studies suggest savings from $3 billion to $6 billion a year.[32] A national pharmacare program would help eliminate financial barriers to filling prescriptions and will significantly improve health outcomes for Canadians, especially those who currently cannot afford prescription drugs.[32]

Universal pharmacare has also been endorsed by more than 80 organizations nationwide, such as the Canadian Federation of Nurses Unions, Canadian Nurses Association, Canadian Doctors for Medicare, and Canadian Society of Hospital Pharmacists.[32] The CFPC also supports the Consensus Principles for National Pharmacare, which highlights five principles by which national pharmacare should be governed:

- **Universality**: Equal coverage for all residents of Canada on equal terms and conditions
- **Public, single-payer administration:** A single-payer publicly administered and delivered program that is integrated with the medicare systems in which it operates, directly accountable to the public it serves, and leverages single-payer procurement to maximize purchasing power for the entire Canadian population
- **Accessibility:** Medications are accessible to all without financial barriers
- **Comprehensiveness:** Coverage for medications is comprehensive and quality is verified by ensuring that medications are safe and effective, available at the best value for money
- **Portable coverage:** Coverage is consistent for residents who move within Canada[33]

Coverage for everyone in Canada

The federal government should create a pharmacare program that prioritizes universal access and is based on values of comprehensiveness, universality, and equity. The national pharmacare plan should be paid for in a manner that reduces inequalities.[33] Studies show that while some provinces and territories have programs in place to provide drug coverage to seniors and individuals living in low income households, approximately one in five Canadians have no prescription drug coverage at all.[33] For example, prescription medicine is covered on the basis of income in British Columbia, whereas in Ontario age is a deciding factor.[33] A universal, single-payer system would replace Canada's current system of mixed public and private insurance and provide access to a program that is consistent across the country regardless of the patient's age, disease, income, or place of residence.

The pharmacare plan should cover all medically necessary drugs at no cost to Canadians (no copayments or deductibles), making it a progressive plan that truly aims to reduce inequalities and improves well-being. In countries such as Germany and New Zealand, where the system has modest copayments, non-adherence rates are still substantially higher than they should be with a universal pharmacare system, creating additional avoidable costs to the health care system. In a 2014 Commonwealth Fund International Health Policy Survey of Older Adults, 3.7 per cent of respondents in Germany and 4.8 per cent respondents in New Zealand reported cost-related nonadherence, highlighting that even small copayments create a barrier for many individuals and reduce the benefits of a national pharmacare plan.[34]

Furthermore, in both Quebec (1997) and British Columbia (2003) increases in public drug plan deductibles and copayments for beneficiaries of public drug plans were linked to reduced use of prescription drugs, increased hospitalization rates, and increased use of medical care. This shows that copayments are counterproductive to health outcomes as they impede access to essential treatments and increase costs to the health care system in the long run.[35]

The CFPC recommends that the federal government create a national pharmacare program that improves access and affordability for all residents and eliminates spotty, inefficient, and expensive prescription coverage in Canada.[36]

Conclusion

Action in the three areas described in this document will contribute meaningful improvements to Canada's health care system and improve access to:

- Entry points to primary care through interprofessional teams, through supporting the PMH vision
- Integrated services within primary care practices meeting a range of needs to achieve mental health parity
- Necessary medication to manage patients' conditions through a publicly-funded, universal pharmacare program, ensuring no one must choose between necessary medications and essentials like food and housing

Canadians want to see action in these areas. **Nine out of 10** survey respondents see the PMH vision as important, with half of those respondents believing it is very important. **Seven out of 10** would be more likely to vote for a party that promotes the PMH as part of its plans for health care.[1]

Improving mental health services also finds considerable support, with **seven in 10** Canadians saying they would be more likely to vote for a party that adopted policies to improve availability of these services.[2] By adopting policies that support integrating treatment for mental health in primary care settings and introducing a Mental Health Parity Act, the federal government would begin addressing the profound cost of mental health and addictions. Finally, **three-quarters** of Canadians support universal pharmacare, with much stronger support in Atlantic Canada.

The CFPC calls on all parties to act on these issues in the 2019 federal election. Federal leadership in health care leads to an effective and equitable health care system that benefits everyone living in Canada.

Notes en bas de page

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