Written Submission for the Pre-Budget Consultations in Advance of the 2020 Budget

Submitted by: Royal College of Physicians and Surgeons of Canada

List of Recommendations

- **Recommendation 1 – A Connected Country:** That the government invest a minimum of $5 billion over the next 10 years to build a connected country, as promised in the 2019 federal budget. Additional federal investment is required to implement, modernize and maintain the infrastructure required to deliver quality health care to rural, remote and Indigenous communities through the use of technology. Priority must be given to communities with the poorest access to specialized medical care and for which high speed internet can bridge the gap.

- **Recommendation 2 – Advancing Reconciliation:** That the government invest $400,000 over two years to support foundational, collaborative efforts to implement Indigenous health in Post Graduate Medical Education. Federal investment will ensure that Indigenous Peoples within medical education, national organizations and communities are able to lead this initiative, which will take great strides in producing a culturally safe health care system for Canada. Federal funding will support project management and help to convene stakeholders, ensuring ongoing engagement throughout the change process. Federal support will also help to assess the costs and resources associated with advancing reconciliation in accordance with Truth and Reconciliation Commission's call to "provide cultural competency training for all healthcare professionals"[1].

- **Recommendation 3 – A National Universal Pharmacare Strategy:** That the government implement the recommendations included in the Final Report of the Advisory Council on the Implementation of National Pharmacare – *"A PRESCRIPTION FOR CANADA: ACHIEVING PHARMACARE FOR ALL"*[2]. The Royal College recommends that the Federal Government invest in keeping with the Council's costing model, which evidence suggests is the most cost effective approach to universal prescription drug coverage. The model calls for $3.5 billion annually, starting in 2022, growing to $15.3 billion by 2027. National pharmacare planning and implementation should be conducted in consultation with the Royal College of Physicians and Surgeons of Canada, and other key health, education and Indigenous stakeholders.

Pre-Budget Submission

Recommendation 1 – A Connected Country

Communications technology can improve access to health care and the quality of health care. About 1 in 6 Canadians live in rural and remote communities[3], but due largely to the lack of medical facilities, specialized equipment, clinical teams and other necessary resources, only 2.3% of specialist physicians are located in these communities[4]. Efforts to correct this disparity are meeting mixed results at best, and as a result citizens are often displaced from their homes and communities as they travel to access specialized medical care.

This has significant adverse consequences on patients. For example, patients and families bear significant burdens when loved ones travel for medical care[5]. Furthermore, a growing body of evidence shows that patients experience worse health outcomes when they are removed from family and community supports during their medical care[6]. This is particularly true for Inuit and other Indigenous Peoples who commute great distances to receive care in urban centres that are often bereft of community and cultural supports[6]. While travel will continue to be necessary for patients who undergo highly specialized treatments and procedures, much can be done to bring specialized care closer to home.

New medical services, like eConsultation, eReferral and telemedicine, connect rural primary care providers and patients to specialists who are situated in large urban centres. These new services use internet and telecommunications technologies to exchange information and provide high definition virtual care to patients over large distances. For example, eConsultation can reduce specialist visits and shorten wait times[7]. Similarly, telemedicine has been shown to reduce the need for medical related travel, as well as the associated cost to patients[8]. These new technology-enabled medical services represent a huge step forward in bringing specialty care to patients, rather than bringing patients to specialty care.

Unfortunately, there are significant infrastructure barriers that prevent some patients and communities from reaping the full benefit of new technology-enabled medical services, given the requirement for effective, reliable high-speed internet and telecommunications networks. The Canadian Medical Association, Royal College and College of Family Physicians are studying how virtual care technologies can serve patients, but federal investment is needed to capitalize on this innovation in health care delivery.

The Royal College asks the federal government to honour its Budget 2019 commitment to invest a minimum of $5 billion over the next 10 years to build a connected country. We call for further federal investment to implement, modernize and maintain the technological infrastructure required to deliver quality health care for all Canadians, including rural and remote Indigenous communities. With appropriate technology, clinicians in these communities are able to access medical specialists working anywhere, even in the most distant urban tertiary care centres, when needed. This collaborative model increases access to specialty medicine. It can also provide opportunities for primary care providers to learn and apply new skills through distance educational opportunities. Through continued investment in communications technology, the federal government will respond to the medical needs of underserved communities, achieve greater social equity and improve the health of all people in Canada.

Recommendation 2 – Advancing Reconciliation

Launched in 2009, the Truth and Reconciliation Commission (TRC) initiated a process of listening to Indigenous Peoples and, in particular, survivors, communities and others affected by Canada's residential school system. The TRC's 2015 "Calls to Action" give Canada a new opportunity to address the needs of Indigenous Peoples. Several of the Calls to Action focus on health and suggest how medical education and practice can improve the health of Indigenous Peoples. These include[9]:

- Require medical and nursing students to take a course dealing with Aboriginal health issues.
- Provide cultural competency training for all health-care professionals.
- Provide skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.
- Effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.
- Increase the number of and retention of Aboriginal professionals working in the health-care field.

In October 2017, Royal College Council made the unprecedented decision that Indigenous health will become a mandatory component of postgraduate medical education (PGME). The educational approach and change process will be guided by a Steering Committee of Indigenous leaders, medical educators and scholars, government, and other key partners, along with administrative and logistics support provided by the Royal College.

The Steering Committee sets the stage for postgraduate medical education to improve the health and lives of Indigenous Peoples, but federal support is needed to enable change. As a social accountability effort, the process of embedding Indigenous health in PGME will be more than "merely an add-on or one time module in physicians' training; it must actively transcend every aspect of the training, research and care environment of residency education"[10]. PGME enhancements will involve the co-development and integration of new educational content and assessment tools along with new investments for educational institutions and programs.

To this end, the Royal College asks the federal government to invest $400,000 over two years to support foundational, collaborative efforts to implement Indigenous health in PGME. It would be presumptuous, and not in the spirit of allyship, to assume we have all the answers pertaining to implementation; thus the need for a broadly representative Steering Committee. Federal government investment will ensure that Indigenous Peoples and other key stakeholders are able to lead this initiative, which will take great strides in producing a culturally safe health care system for Canada. Federal investment will support project management and convene leaders through the Steering Committee, under the auspices of the Royal College. The funding will also help to assess the costs and resources associated with advancing reconciliation in accordance with the Truth and Reconciliation Commission's call to "provide cultural competency training for all healthcare professionals"[11].

Indigenous leaders are ready to guide the process. Medical educators have started to take action. This is a unique opportunity for the government to step in and improve the health of, and health care for, Indigenous Peoples.

Recommendation 3 – A National Pharmacare Strategy

Nearly two million Canadians report not being able to afford one or more drugs in the past year, often resulting in additional doctor visits and hospital admissions[12]. Indigenous Peoples and low income earners are particularly disadvantaged by this gap in our health insurance system[13]. Many Canadians face drug costs that force them to choose between proper food, clothing and housing or medication that was prescribed to relieve their suffering and improve their health[14].

Many nations have implemented economically viable national pharmacare programs for their citizens. Indeed, the Government of Canada acknowledges that "Canadians pay among the highest prices and spend more on prescription drugs than citizens of almost every other country in the world"[12]. The Final Report of the Advisory Council for the Implementation of National Pharmacare includes recommendations that the federal government:

- Work with provincial and territorial governments to establish a universal, single-payer, public system of prescription drug coverage in Canada
- Create a Canadian Drug Agency
- Develop a national formulary
- Develop a strategy for expensive drugs required to treat rare diseases
- Invest in the collection of data, to evaluate the effectiveness of the national pharmacare strategy

These developmental steps will be made easier if organizations like the Royal College are fully engaged in the implementation process. Our members – Canada's specialist physicians and surgeons – advise patients on the efficacy of, and alternatives to, drug therapies. National pharmacare will succeed if physicians, surgeons and patients are actively involved in co-developing and implementing the program.

The Royal College calls on the federal government to implement universal, national pharmacare using the Advisory Council's costing model. This cost effective approach calls for $3.5 billion starting in 2022 and growing to $15.3 billion by 2027. We ask the government to carry out an engagement process with the Royal College and its Fellows, as well as other stakeholders such as the College of Family Physicians of Canada, Canadian Medical Association, Canadian Nurses Association, Canadian Pharmacists Association, patient advisors and Indigenous organizations to overcome the challenges that lay ahead.

National pharmacare will relieve suffering for the uninsured and underserved. The Royal College is prepared to engage with federal, provincial and territorial governments in the development and implementation of pharmacare, to ensure that it is delivered in a way that is equitable, ethical, sustainable and clinically effective.

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[11] Truth and Reconciliation Commission of Canada: Calls to Action. http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf

[12]Government of Canada, 2018. Towards Implementation of National Pharmacare – Discussion paper https://www.canada.ca/content/dam/hc-sc/documents/corporate/publications/council_on_pharmacare_EN.PDF

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