Selected Motions

Brief descriptions are below. Please find detailed issue briefs for each motion at www.nhlc-cnls.ca. Issue briefs can also be accessed on the NHLC MOBILE APP:

- Scan the QR code on page 10 of the Conference Program or enter http://eventmobi.com/nhlc2015 from your smartphone browser.
- Select Conference Agenda (on the left)
- Select the date of the debate – Tuesday, June 16, and scroll down to 3:20pm.

A. Electronic health records

Resolved, that all governments, along with professional health-related colleges and associations, commit to building and using an electronic health record for every citizen and ensure that patients have access to all electronic health information held about them, with a view to ensuring full online access to data by patients within five years.

Sponsor: Sharon Nettleton, Patients for Patient Safety Canada

Digitization of the core elements of electronic health records is now complete or well underway across the country and adoption of digital health at the point of care is rising. However, most Canadian clinicians still work in paper or mixed paper/electronic environments, which creates challenges for delivering care that is safe, high quality, person-centred and efficient. There is also a substantial gap between patient desire for online access to their personal health information and services and what is currently available to them.
B. Funding for mental health

Resolved, that over the next ten years, all provincial and territorial governments, along with regional health authorities, increase the proportion of their respective health care budgets that is devoted to mental health by two percentage points from current levels.

Sponsor: Louise Bradley, President and CEO, Mental Health Commission of Canada

Mental health problems have an enormous impact on individuals, families and the economy. Public spending on mental health in Canada is low, whether measured in terms of the burden of disease represented by mental illness or in relation to spending levels in comparable countries. Lack of funding impedes progress in addressing the “care gap” that sees only one third of people experiencing mental health problems accessing the services and supports they need. Increased spending on mental health is key to addressing this gap.

C. Integrated palliative care

Resolved, that healthcare leaders support an integrated palliative approach to care by planning for and funding of an appropriately skilled and adequately sized health care workforce with the requisite knowledge in the palliative approach to care and access to palliative care specialists.

Sponsor: Nadine Henningsen, Co-Chair, Advocacy Committee, Quality End-of-Life Care Coalition of Canada

The way we die needs to change. Palliative care services – once only offered in the last days or weeks of life to people designated as dying – need to be better integrated with treatment services to enhance people’s quality of life throughout the course of their illness or the process of aging. It is crucial that a palliative approach to care is delivered by inter-professional teams, with access to specialists as needed, and supported with the skills, knowledge and confidence to meet the wishes of individuals and their families to live well until dying whether at home, in long-term care settings, in residential hospices or hospitals. Everyone has the potential to benefit from the growing willingness to acknowledge that dying is part of living, and that people deserve and should receive the integrated palliative approach to care at all stages along their illness trajectory and in all settings of care.
D. Mandatory frailty screening

Resolved, that mandatory frailty screening be implemented at all levels and settings of the health care system to target the most vulnerable of those with chronic health conditions for restorative or most appropriate care, including advance care planning and end-of-life care.

Sponsor: Dr. John Muscedere, Scientific Director, TVN (Technology Evaluation in the Elderly Network)

One of the most significant challenges facing Canada’s health care system is frailty— a distinct health state characterized by debility, the presence of multiple, chronic health conditions, and higher risk of poor health care outcomes including death. Approximately a quarter of Canadians over the age of 65 or 1.1 million are frail; this will double in the next 20 years. Frailty remains under-recognized, under-treated and its impact underappreciated. We propose mandatory frailty screening for all older adults who come into contact with the health care system. Earlier recognition and assessment of frailty will allow for appropriate care planning and institution of therapies to reverse or mitigate frailty including end of life care within holistic models of care that will lead to significant improvements in health outcomes for Canada’s most vulnerable citizens. After all, it is not possible to manage what is not recognized.

E. National Pharmaceuticals Strategy

Resolved, that governments in Canada commit to make pharmaceuticals an integral component of Canadian health care through a renewed National Pharmaceuticals Strategy that ensures that all Canadians have access to a safe and secure supply of prescription drugs at an affordable cost regardless of care setting.

Sponsor: Steve Morgan, Professor, University of British Columbia

The World Health Organization (WHO) has declared universal access to safe, affordable, and appropriately prescribed medicines an obligation of all nations, rich and poor. Unfortunately, pharmaceutical policies that might achieve that goal in Canada are neither well-coordinated across the country nor well-integrated with broader health system management – particularly for the majority of Canadians who are not covered by public drug benefit plans. This creates inconsistencies in care across provinces and care settings, leaves millions of Canadians without access to necessary medicines, and costs Canadians billions of dollars every year.
F. Optimization of professional scopes of practice

Resolved, that governments in Canada collaborate to define and implement innovative approaches to optimizing scopes of practice across all health care professionals.

Sponsor: Mark Given, Director, Canadian Association of Medical Radiation Technologists

Scope of practice innovation has emerged in recent years as a response to demographic and financial stresses faced by the Canadian healthcare system. Despite the great promise shown by many innovations, implementation of innovative approaches to scope of practice optimization across the country is slow. A new and innovative approach to collaboration and coordination on this issue nationally is required to facilitate and accelerate change.

G. Patient safety reporting and outcome standards

Resolved, that healthcare leaders, funding providers and governments commit to publicly reporting results of the analysis of patient safety incidents and to establishing core facility infection prevention and control standards and practices to drive optimal clinical outcomes.

Sponsor: Mark Heller, Principal, Mark Heller Consulting

Hospitals and long term care facilities are failing Canadians by becoming enabling vehicles for patient/resident morbidity and mortality due to preventable Healthcare Associated Infections (HAIs). Existing mechanisms to facilitate the sharing of findings and recommendations from patient safety incident analysis and uptake of learnings related to IPAC best practices and the environment of care are sub-optimal. The national patchwork of guidelines, coupled with mostly unenforceable mechanisms for measuring compliance with known infection prevention and control (IPAC) best practices for the environment of care, have resulted in a wide range of operating practices, sub-optimal facility conditions and environmental hygiene levels, particularly in institutional environments.
H. Patient's Medical Home model of family practice

Resolved, that the Patient’s Medical Home be adopted as the preferred model of integrated primary care, and that appropriate resources be allocated by all governments to support this model.

Sponsor: Artem Safarov, Director, Health Policy & Government Relations, College of Family Physicians of Canada

Primary care serves as the foundation for building a strong health care system; approximately 80 percent of what happens in health care takes place in the primary care setting. As multi-morbidity and complex health issues become more prevalent, the need for increased support in primary care becomes even more essential. Primary care providers focus on preventative measures, chronic disease management, and encouraging self-care recommendations for their patients. Primary health care also aims to decrease delay and increase access to the system, while providing better health outcomes. The College of Family Physicians of Canada believes that the Patient’s Medical Home model of family practice is the vision for the future of family practice in Canada. Based on ten pillars that include - but are not limited to - patient centered, team-based and comprehensive care, timely access and electronic records, evidence shows that the PMH model results in better outcome and lower system costs.

I. Physical plant infrastructure

Resolved, that the Government of Canada be petitioned to include hospital infrastructure renewal and deferred maintenance as eligible expenditures in any future federal infrastructure programs which may be introduced by the federal order of government.

Sponsor: Robert MacIsaac, President and CEO, Hamilton Health Sciences

As citizens, we may find ourselves in healthcare facilities at our most vulnerable moments. Fortunately, we have some great healthcare organizations. Unfortunately, some are badly worn down. While some communities have brand new buildings, others have facilities that are old, inefficient, damaged, and often demoralizing for patients, family members, staff and the public. In many provinces, healthcare organizations are having difficulties repairing these facilities due to other healthcare spending pressures. As such, they defer maintenance to future years. The size of the deferred maintenance problem may be as high as $1 billion in many provinces. At the same time, the Federal Government has undertaken one of the largest federal investments in national infrastructure in history. However, they do not currently consider healthcare facilities as part of that national infrastructure program. Should they?
J. Seniors’ Health Hub

Resolved, that Canadian healthcare leaders commit to transforming the traditional nursing home model into one that offers a community-based health care hub to support seniors’ living at home and provide facility-based care for those with more complex care needs who can no longer remain at home.

Sponsor: Candace Chartier, Chief Executive Officer, Ontario Long Term Care Association

Canadians want a health care system that is safe, effective and there when they need it. They want better communication between health care providers, patients and families and seamless integration between service delivery providers. More and more seniors are looking to be supported to live in the community for as long as possible.

Meeting these expectations requires a variety of public policy initiatives to create age friendly communities, provide a range of retirement living and supportive housing options, and increased investments in home and community care. Achieving rapid system change is difficult without considering alternative service and business delivery models. This requires innovative approaches.