**Association canadienne des enseignantes et des enseignants retraités**



**Canadian Association of Retired Teachers**

 HEALTH SERVICES COMMITTEE

2019 AGM

**Membership**

**Margaret Urquhart Chair**

**Alyson Hillier RTO-NSTU**

**JoAnn Lauber BCRTA**

**Terms of Reference**

ACER-CART seeks to promote the optimal health of retired teachers and seniors. The Health Services Committee shall:

1. provide Members with links to reliable information on personal health and well-being;
2. advocate for health goals identified in ACER-CART’s strategic plans and Member resolutions; and
3. prepare for the Executive proposals, position papers and appropriate recommendations related to health concerns.

Executive support as the year progressed is appreciated. In addition, the contributions of Alyson Hillier, Nova Scotia, and JoAnn Lauber, British Columbia, were significant. Alyson reviewed/made suggestions for website links and JoAnn was key to developing Health Accord materials.

**Website links** on ACER-CART’s homepage have been reviewed and suggestions for changes made. Considerations governing the review included source–commercial versus informational, current/contemporary information and relevance to Canadians.

**Pharmacare**

Pharmacare required immediate attention with the federal budget 2018 announcement of an *Advisory Council on the Implementation of National Pharmacare*. Opportunities for input to the advisory council were identified. Member associations were advised of ways they and their individual members could familiarize themselves with identified issues/documents and participate, both online and at public events/invited forums held in some, but not all, provinces and territories. In addition, ACER - CART made a written submission to the council.

The council’s interim report released March 2019, implied avenues for progress in some areas towards a national program. The final report is anticipated before the summer begins and will be reviewed; however, the coming federal election may impact action on the report.

The federal election provides all parties with the opportunity to “take a stand” on pharmacare. Efforts will be made to communicate platform positions to member associations. You are strongly encouraged to familiarize and share with your members the ACER - CART federal election materials. They provide information for dialogue with all candidates on a variety of topics, including pharmacare, of concern to seniors and priorities for ACER-CART.

**Federal/Provincial/Territorial Bilateral Health Accords** were signed in 2017-2018.

These replaced the national accord which expired in 2014. Over the next 10 years, beginning in 2018, $11 billion in funds have been allocated for two priorities–home and community care and mental health and addictions. Each agreement is for two five - year terms. *A Common Statement of Principles on Shared Health Priorities* was endorsed. The principles are intended to guide jurisdictional action and are collaboration, innovation and accountability.

In January 2019 the ACER - CART Executive agreed to an examination of the accords in order to provide key information to member associations, enabling you to monitor developments and engage in discussion as you meet with provincial/territorial legislators. Background and information about plans in each jurisdiction, as was available, are appendices to this report.

Moving forward, we need to monitor developments in Pharmacare and the Health Accords. As well, recent developments in Ontario indicate privatization of medical services may become an issue of greater significance.

Respectfully submitted

Margaret Urquhart

Chair

**Appendix 1**

**Overview**

ACER-CART, as do other associations advocating for seniors, wants access to health care services enabling older Canadians to remain in their homes and communities, as is their wish and reducing reliance on more expensive hospital infrastructure.

**Some Background**:

The national federal, provincial, and territorial (FPT) Health Accord expired in 2014 and no new national accord was reached. In October 2015 the new federal government adhered to lowering the annual escalator governing the Canadian Health Care (CHC) Transfer. While the previous CHC Transfer was based on an annual escalator of 6%, in March 2017 a new escalator with a basis of 3% was implemented. Provinces and territories received less funding for health care. In August 2017 the federal government proposed to invest an additional $11 billion over a 10-year period for mental health and addiction (MHA) services and access to home and community care (HCC).

**The Timeline/Common Elements**:

One by one provinces and territories signed on to 10-year, bilateral agreements with the federal government in 2017–2019. Each worked separately with the Federal Government to craft detailed agreements outlining how funds would be used over the next four years.

Actions to improve access to *mental* *health and addictions* would include one or more of:

* Expanding access to community-based mental health and addiction services for children and youth (ages 10-25), recognizing the effectiveness of early interventions
* Spreading evidence-based models of community mental health care and culturally appropriate interventions that are integrated with primary health services; and
* Expanding availability of integrated community-based mental health and addiction services for people with complex health needs

Actions to improve access to *home and community care* would include one or more of:

* Spreading and scaling evidence-based models of home and community care that are more integrated and connected with primary health care;
* Enhancing access to palliative and end of life care at home or in hospices;
* Increasing support for caregivers; and
* Enhancing home care infrastructure, such as digital connectivity, remote monitoring technology and facilities for community-based service delivery

Eligible expenses would be: capital and operating funding; salaries and benefits; training and professional development, information and communications related to programs, data development and collection to support reporting, and information technology and infrastructure.

Funding was then released to each jurisdiction for the first year and most are posted at: [www.canada.ca/en/health-canada/corporate/transparency/health-agreements/shared-health-priorities.html](http://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/shared-health-priorities.html)

T**enets common to all agreements are**:

1. Funds will be allocated on a per capita basis in two agreed upon 5-year plans and are in addition to existing legislated Health Transfer commitments
2. Funding for the first year (2017 -2018) was released as provinces or territories agreed to use it in accordance with a more detailed plan to be formulated;
3. Funding for the next 4 years (2018–2022) was forwarded to each jurisdiction upon the release of a formal bilateral agreement featuring a detailed and specific plan to improve services;
4. The funding shall be dispersed in semi-annual instalments, on or about April 15 and Nov 15 of each fiscal year on the condition progress is being made and measured, data is provided and shared, and transparent fiscal reports are provided;
5. Funding allowances in the early years of the agreements are smaller than those for later years
6. Federal funding for 2022/23 to 2026/27 shall be provided upon the renewal of the bilateral agreements and contingent on the success of the initiatives of previous years;
7. Funds may be appropriated by Parliament if used for purposes other than home and community care and mental health and addiction services;
8. Unused funds may be appropriated by the federal government but 10% may be retained and carried forward under certain conditions and
9. Allocations for subsequent years may be withheld if the province or territory fails to provide its annual financial statement or submit to CIHI (Canadian Institute for Health Information) required data and information related to the target areas.

**Plans for Cooperation and Sharing:**

The FPT Health Ministers agreed to work together to achieve the stated objectives in the [Common Statement of Principles on Shared Health Priorities](https://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/principles-shared-health-priorities.html): they would develop best practices in the targeted areas, evaluate them and share them to stimulate improvement across health systems; and they would report data, relevant to the stated priorities and objectives, which would allow progress to be measured by the Canadian Institute for Health Information (CIHI) and reported annually and transparently to Canadians.

In June 2018, the FPT health ministers endorsed indicators. Note: Quebec was an observer and Ontario’s new government and had not endorsed them.

**Recommended indicators** for access to mental health and addiction services:

* Wait Times for Community Mental Health Services, Referral/Self-Referral to Services (those outside of emergency departments, hospital inpatient programs and psychiatric hospitals).
* Early Identification for Early Intervention in Youth Age 10 to 25 (to be defined)
* Awareness and/or Successful Navigation of Mental Health and Addictions Services (self-reported, to be defined)
* Rates of Repeat Emergency Department and/or Urgent Care Centre Visits for a Mental Health or Addiction Issue
* Hospitalization Rates for Problematic Substance Use
* Rates of Self-Injury, Including Suicide

**Recommended indicators** for access to home and community care:

* Wait Times for Home Care Services, Referral to Services
* Alternate Level of Care Length of Stay for Inpatients Discharged to Home Care Services
* Home Care Services Helped the Recipient Stay at Home (self-reported)
* Caregiver Distress
* (In) appropriate Move to Long-Term Care
* Death at Home/Not in Hospital (to be defined)

CIHI’s 2019 report, Common Challenges, Shared Priorities, is scheduled for release May 30th.

**How the Agreements Affect Us**:

The Common Statement of Principles on Shared Health Priorities makes little specific reference to the provision of mental health care access for seniors; however, the review of the agreements includes funding for mental health and addictions even though the agreements emphasize services for children and youth (ages 10 to 25), and only generally refer to mental health care interventions for all citizens as they integrate with “primary health care services … and community-based mental health and addiction services for people with complex health needs.”

The reviews outline the focus upon both mental health and addiction issues and services that may affect older Canadians directly: the current status in each jurisdiction and the ways in which provinces and territories plan to improve access to mental health and addiction services and to home and community care, and end-of-life and palliative care services. The bilateral FPT agreements are of particular significance to us as they promise greater access to the kind of care that increases our chances of independence in later years and enhances our quality of life.